Alabama

Health - 1933

STATE'S MORTALITY RATE LOW IN 1932

Alabama In Line With Rest Of Nation With Disease's Hold Lessened

Montgomery

Mortality in Alabama for 1932, as in the rest of the United States, was unusually low, many causes showing the lowest rates ever recorded. The most striking instance was typhoid fever, with a rate of only 4.9 per 100,000 of population.

Other low rates were for measles with a rate of 0.2 per 100,000, malaria with a rate of 6.4, pellagra with a rate of 13.0, and all forms of tuberculosis with a rate of 77.2.

These figures are contained in a report by Dr. W. T. Fales, director of the bureau of vital statistics of the State Health Department, and are provisional, as final analysis of 1932 vital statistics data will not be available for several months.

Diseases of the heart contributed the largest group of fatalities for the year, Dr. Fales states, provisional figures attributing 3,198 deaths to this cause, or a rate of 117.9 per 100,000 of population. A decrease of 500 in fatalities from pneumonia was a large contributing factor in the exceedingly low mortality for the year.

Fatalities from external causes showed an unexpected increase due to the tornadoes that swept various sections of Alabama in March, last year.

Deaths from accidental burns, firearms, mine accidents and automobile accidents, however, showed a decrease, which in the case of the latter two, Dr. Fales says, "can probably be attributed largely to results of the present economic depression."

He adds that "There was a slight increase in deaths from suicide, while homicides remained at the same disgracefully high total of 576, or a rate of 21.2 per 100,000 population." There were four legal executions.

ANNUAL NEGRO HEALTH TOUR

In view of the fact that our peopl are not keeping well enough, no living long enough, the Annual Negr Health Tour has been planned fo Sunday, June 18, 1933. The follow ing named persons are expected t address the meetings: P J Brown County Agent; Anna P Ellis, Supe visor; L C Johnson, Principal Count Training School; Charles A Brown, Premedical Graduate; Nurse Hunter, of the Coleman Hospital, Dr E L Colebeck, County Superintendent; Dr J W Wiley, practici g physician; and representatives from Tuskegee Institute.

Places: St Mary, 10 o'clock A M., Akron, 2 o'clock P M.

Anna P Ellis, Supervisor,
L C Johnson, Prin, C T S.,
P J Brown, C[illegible]t.

NEGRO TUTORS HEAR MISS L. R. HARRISON

Eugene Coltrane, Dale S. Young Also Address Session At Teachers College

Montgomery

Miss L. R. Garrison, State director of health and physical education, in an address yesterday to Alabama colored teachers the value of maintaining good health through the carrying out of a wholesome physical education program; appreciation and enjoyment of the beautiful, and the utilizing of the many other free factors always available for the resourceful teacher, in order to get the most out of their lives and their profession.

"It is the teachers responsibility to provide opportunities for himself, as well as for the child, to participate in a variety of wholesome play activities and thus prepare for a worthy use of the increasing amount of leisure time that adults are having to enjoy," she said. "Such play should be physically wholesome, mentally stimulating, and socially sound," she added, "and should develop courtesy, fair-play, honesty and cooperation."

In appraising the value of the work of the public school teacher Eugene J. Coltrane, of Washington, left with the teachers a definite and tangible message to carry to pupils and parents.

He told the teachers that one reason why schools are suffering, is because teachers do not have an educational philosophy to pass on to the children and their parents. It is the business of the teachers to hand on to succeeding generations what he himself knows and feels towards the traditions and ideals of his social order, he declared. He said he believes that teachers are the best insurance policy, and that the State has provided education insurance against ignorance, poverty and crime.

An encouraging message was brought to the Association by Dr. Dale S. Young, of the State Department of Education. He urged that despite the many difficult problems facing teachers today, they should ever strive to add to their present training and preparation so as to increase their professional efficiency and thus be ready to qualify for any advancement that may await them at the close of the depression. He was followed by President H. Councill Trenholm, who spoke as president of the Association.

The session will continue today with departmental meetings and general sessions at 11:45 a.m. and 7:45 p.m., at which time Dr. A. F. Harman, State superintendent of education, with Superintendent J. A. Keller, will speak at the afternoon session. Dr. W. E. B. Dubois, editor, lecturer, and author, will appear at the evening session.

Other features for the day will include a sightseeing trip to the Kilby shirt factory, to the Red Cross Reclamation Center, and to the State Capitol.

The business session on Saturday morning will conclude the convention.

MATERNITY CLINIC PROVES ITS VALUE

The Southside Clinic, established 18 months ago to care for prospective Negro moth rs who have no money to pay for medical attention, has proved it's worth several times over, those familiar with its operations say.

During the 18 months since it was opened it has given advice and treatment to 3,745 persons and 69 women have been taken care of in the obstetric wards.

Recently the clinic extended its work to prenatal and postnatal care and attention of mothers.

The clinic is operated in connection with the City Board of Health and is said to be meeting in an effective way an important and urgent need of the Negroes. Four physicians and one nurse contribute their time and skill to the institution. Welfare workers have been interested in it and the ministerial unions have endorsed it.

Congressman Huddleston will speak at the clinic at 3 p.m. the first Sunday in September and an invitation has been extended to the people of Birmingham to be present.

The clinic is located at Fourth Avenue, South, and Twenty-Seventh Street. Mrs. T. C. Windham is president; H. A. Drennen, treasurer, and Dr. P. S. Moten, secretary.

Birmingham, Ala., News-Herald
October [illegible], 1933

Medical Groups Plan To Sponsor Series Of Lectures

An institute for Negro physicians is scheduled for December under the auspices of the Board of Health, the Birmingham Council for Social Hygiene and the American Social Hygiene Association. A series of lectures by Dr. Walter Clarke, medical director of the American Social Hygiene Association, assisted by Birmingham physicians, is planned. The lectures, it is said, will cover the diagnosis and treatment of syphillis in the most practical way. Dr. Clarke pointed out that it is important that general practitioners recognize the disease and said there have been important developments in diagnosis and treatment in the last few years.

Montgomery Negroes Giving To T. B. Fund

That Montgomery negroes are squarely behind the Montgomery Tuberculosis Association is demonstrated by the fact that four prominent churches of the negro race recently collected funds for the support of the Fresh Air Camp.

St. John's A. M. E. on Dexter Avenue Old Ship, A. M. E. Zion and the First Baptist Church gave half of their Thanksgiving offering to the Tuberculosis Association.

Miss Kate Uhlfelder an official of the Montgomery Tuberculosis Association, has written a strong letter of thanks nd appreciation for these donations.

Colorado

Health-1933

Colorado Medicine
Denver, Colo.
JUN — 1933

Health Service Gives Results of Influenza Study

Studies made after the 1918-19 influenza epidemic show that an average of 294 out of every 1,000 persons were stricken in all localities, and that this disease was most prevalent among children from five to nine years old, the United States Public Health Service stated February 12, in summarizing results of these surveys.

Except in two localities, a slightly higher rate of prevalence was found among females, according to the Service, and the disease did not appear to be one-third as common among old persons as among the young. The summary of the studies, published in the Service's current issue of "Public Health Reports", follows:

Special surveys were undertaken at the close of the 1918-19 epidemic of influenza to determine for a population of known sex, age, and color composition the approximate incidence of the disease, and also to ascertain the relations between the epidemic morbidity, the incidence of pneumonia, and the mortality. Preliminary reports on the surveys were published at the completion of the work.

The incidence of influenza (including pneumonia and "doubtful" cases) was 294 per 1,000 for all localities, varying from 535 to 150. These rates correspond closely with what was found in other surveys of the same general character. There seemed to be no clear indication of a geographical difference in incidence.

The incidence was highest among very young persons (age group 5 to 9 years), with a secondary peak at about thirty years. The rate of attack fell off rapidly in older life. Among old people the incidence appeared to be not more than one-third of that among the young.

Slightly higher influenza rates were among females (except in two localities), but it seemed possible that this was due to the fact that most of the reports as to illness came from the women, who might remember their own illnesses better than those of other members of the family. The colored population had lower rates of influenza incidence, but it is possible that the reporting among them was less complete.

A special effort was made to determine the incidence of pneumonia as complicating the origanal case of influenza. For all localities, the pneumonia rate was 17.6 per 1,000 persons, varying from 25.8 to 6.7. In other words, about 6 per cent of the influenza cases were complicated by pneumonia.

The peak in young adult life suggested in the epidemic morbidity as a whole comes out with remarkable clarity in the pneumonia incidence. For all localities, the rate is about 25 per 1,000 at the beginning of life, falls to about 11 in the age group 10 to 14, and then rises to a secondary mode of about 31 in the age group 25 to 29.

After that, the rate falls rather steadily to the end of life. This age distribution is, of course, fundamentally different from the normal course of pneumonia incidence, which is high among the very young and among the very old. The striking mode in young adult life is found in each locality without exception.

The pneumonia incidence rates were slightly higher among males, the difference being especially marked in young adult life. The recorded pneumonia incident was higher among the white than among the colored.

The deaths from influenza-pneumonia during the epidemic period were obtained primarily to determine the relations as to case fatality. The fatality per 100 cases of influenza (total epidemic morbidity) was 1.70 for all localities, and that per 100 cases of pneumonia alone was 25.5. The fatality for the surveyed localities (total epidemic morbidity) seemed about the same as that recorded in other studies.

The fatality seemed lower in the southern and central localities, which is in line with other reports on this epidemic. It appeared that the incidence of pneumonia, rather than that of influenza as a whole, determined the mortality in the various localities.

The fatality of influenza (total epidemic morbidity) was very high among young adults, as would be expected in view of the high peak of pneumonia at these ages. The fatality of pneumonia did not show this peak, showing that the tendency to a severe toll at these ages was characteristic of the pneumonia itself, rather than of death from it.

The fatality rates, both for influenza and for pneumonia, were higher among men than women. In the case of influenza, this may reflect the tendency of the women to report more adequately; but that would hardly explain the difference in the case of pneumonia fatality. The excess was most marked in young adult life.

The pneumonia case fatality was much higher among the colored than among the white population.

Health -1933

Florida

Tallahassee, Fla. Democrat
August 27, 1933

NEGRO MIDWIVES END INSTITUTE

234 Members of Profession Spend Week at Clinic Session Called Here

The first north Florida institute for negro midwives ended yesterday at the Florida Agricultural and Mechanical College for Negroes.

A total of 234 midwives from 23 counties and 26 student midwives from Leon county attended the week's session.

Miss Joyce Ely, state supervisor of midwives from the state board of health, and Miss Lalla Mary Goggans, assistant state supervisor, were in charge of the school and were assisted by a corps of five registered white nurses and five negro nurses who taught the various classes.

The pre-natal course of the institute was taught by Dr. S. R. Norris, representative of the Florida State Medical society.

Dr. L. H. B. Foote, medical director of the negro college, gave a series of lectures on the importance of physical examinations of midwives. His staff conducted a physical examination of the midwives present, the first examination ever to be given in the majority of the cases.

Dr. Henry Hanson, state health officer, lectured on the high maternal death rate in Florida.

After the series of lectures, classes were held demonstrating complete midwife equipment, child delivery, pre-natal care and infant care, during the last three days of the session.

Officials said the course was so successful this year that it is contemplated repeating it next summer.

Quincy, Fla., Times
August 24, 1933

FIFTEEN ATTEND MIDWIFE INSTITUTE

Fifteen colored women left Quincy Sunday for Tallahassee where they are in attendance at the first Northwest Florida Midwife Institute which is being held at the Florida Agricultural and Mechanical College for Negroes August 20-27.

The institute which opened Sunday evening was addressed by Mrs. M. A. Love, president of the Florida Federation of Women's Clubs, and other prominent speakers, among them being Dr. N. A. Baltzell, president of the State Board of Health.

The institute will feature regular class room instructions and demonstrations.

The movement in getting the colored women to Tallahassee was sponsored by the Women's clubs of the county who were assisted by City Manager Edwards who arranged for transportation to and from the Capital City.

Tampa, Fla. Tribune
September 6, 1933

Vaccination Clinics for Negro Children Planned

Plans are being made by the city health department to open pre-school vaccination and immunization clinics for negro children Sept. 12 to run 10 days or two weeks, Dr. J. R. McEachern, city health officer, said yesterday.

This is similar to work now being carried on for white children.

Negro kids will be vaccinated against smallpox and given treatment to prevent diphtheria and typhoid fever, with the diphtheria work of first importance. In this the department is cooperating with the Tampa Urban league.

The clinics will be set up at negro schools and other convenient places. The schedule will be announced later.

Tampa, Fla. Tribune
September 10, 1933

City Health Officer To Address Negro Forum

Dr. J. R. McEachern, city health officer, will address the Tampa Urban league Neighborhood council forum this afternoon at 4:30 o'clock at Odd Fellows' hall, 902 Scott street.

The program will consist of an explanation of the purpose of the forum, group singing, vocal solos and readings. Cyrus T. Greene, executive secretary of the Urban league, will introduce Dr. McEachern.

Health-1933

Read Before Rosenwald Economic Conference On The Negro, Washington, D. C., May 12, 1933

Supreme Liberty Guardian

By Dr. M. O. Bousfield, Vice President And Medical Director

July, 1933.

Chicago, Ill.

In a brief ten minute discussion of the health problems of the Negro, I have decided to leave out all figures, call attention to a few high lights and rather timorously make a suggestion.

In a conference dedicated to the study of the economic status of the Negro, the simple statement that his health has an important bearing upon his economics should be sufficient. There are three principal ailments responsible for a higher death rate for colored people. They are tuberculosis, venereal diseases, and maternal and infant mortality. These diseases are of a communicable nature, where long drawn out, expensive care and treatment are necessary for cure. Where considerable money, therefore, is involved, but where experience has shown that the results of intensive efforts of public health work will be most gratifying. No one any longer denies that the tuberculosis death rate can be cut down; or that venereal diseases can be prevented or cured, in a very large measure; or that maternal and infant mortality can be reduced. The hopefulness of the situation lies in the fact that the losses of the Negro are in those fields in which the most brilliant results can be obtained. By the same tokens the reproaches are greatest for the fact that these gains have not been made. This has resulted in a too-often-accepted assumption that the Negro is different, that the methods which cause reductions in mortality rates in the white population are of no avail with him, therefore there is a biological difference, and, of necessity his death rate must be higher. For a long time most writers strove to prove this, with disastrous results to interest in health work among Negroes. It is only recently that this confusing statement has been authoritatively denied with a satisfying frequency.

Such assumptions never did take into account the fact that the great public health measures otherwise so brilliantly exploited in this country barely touch the Negro, because of the social conditions under which he lives.

The problem involves a consideration of the Negro in urban and rural communities both north and south. In most northern cities, the large mass of colored people, recent migrants, are living in blighted areas under slum conditions. Accommodation to these new living and working conditions is only a matter of time. They are the recipients of greater attention in a public health way in these northern cities than anywhere else and often it is only because of lack of funds, and facilities, for the whole population, that the special care which their particular plight demands, is denied them.

It has been important to prove that public health work among colored people is productive of good results. The tuberculosis death rate reported for Negroes is from four to six times that of whites. Proportionate attention to the problem would result in startlingly brilliant achievements. In Cincinnati recently a census tract of well-to-do Negroes was watched and compared with one of poor whites. The usual situation reversed itself with the whites showing, in comparison with this chosen group of Negroes, the higher rate. There was not a single death from tuberculosis among the Negroes over the period studied.

The City of Detroit in 1931 by taking over three colored hospitals and converting them into sanitoria for the treatment of colored tuberculosis victims under supervision of colored physicians, reduced the tuberculosis rate among its colored population 22 per cent in one year and the Controller of Tuberculosis in that city assigned as a reason for these results that he now has a bed for every tuberculosis case in Detroit.

In order to treat tuberculosis successfully it is necessary to have hospitals and sanatoria specially equipped. This involves great expense, to say nothing of the set up required to discover the incipient cases and the establishment of preventoria, especially for children. The disparity between the beds available for white suffers of tuberculosis and those for Negroes is the story of the statistics. In comparison one may almost make the sweeping statement that there are no beds for Negroes and in some parts of the country this is actually true. It is not popular with taxpayers to spend money on hospitals for Negroes and in many places where separate institutions would be necessary, health officers would consider it either ridiculous, or fatal to their tenure of office, to sponsor such an idea.

The story is almost the same with venereal diseases, especially syphilis. Here again we face the problem of long drawn out, expensive treatment covering a period of from two, three or four years, to a life time. It takes a lot of money, intelligence, courage and persistence to complete a cure for syphilis. Intelligence to understand that while there are no visible signs of the malady, it is none the less insidiously pursuing its course. That environment, social and economic conditions do have an important bearing upon the syphilis content of the population was shown in the recently published results of work in certain selected areas in the South under the supervision of the United States Public Health Service and certain state and local health departments in cooperation with the Julius Rosenwald Fund. This pioneer study succeeded perhaps for the first time in determining the spyhilis content of a whole population in selected areas; the whole colored population of certain counties being studied in Alabama, Mississippi, Tennessee, Georgia, North Carolina, and Virginia. For the purposes of this report, our interest will lie in the fact that as the survey moved from the less favorable counties to those where the educational and economic conditions of the colored population were better, the syphilis decreased in a measurable manner.

With reference to maternal and infant mortality the same primary considerations thrust themselves forward—need of intelligent supervision, hospital and nursing facilities. The death rates for mother and child are almost double that for whites in the same communities. Perhaps here again the way has been pointed out by the Julius Rosenwald Fund which has supported, in part, over forty colored nurses in the rural districts of the south on the same basis the Rosenwald schools are supported, part by the Fund, part by local health departments and part by colored people themselves.

In southern cities living conditions for the Negro generally vary from bad to worse. Negroes too often live in that portion of the town untouched by modern, safe water supply and sewage disposal. Public health work in the South is a relatively recent development and hampered by lack of appropriations sufficient for their needs. It is customary here, as in educational, social and economic affairs, to neglect the Negro.

That the Negro will respond to public health efforts is also shown by the increasing interest and participation in health educational programs. Although the National Negro Health Week Idea was begun nearly twenty years ago it continues to grow and improve. This is especially interesting, because it represents just about all that the Negro can do in his dilemma. He is all dressed up with no place to go. It is his contribution toward making his people health conscious and ready to receive the ministrations of the public health angel when he gets across the railroad track to the darker side of the town. Public health workers will find a receptive people anxious and willing to cooperate.

In the meantime the Negro rests on a health margin too narrow for comfort. His health reserve is entirely too small. Current diseases, such as acute colds and influenzal attacks are far too readily converted into prolonged illnesses, with attendant loss of time from the job, increased medical costs above the average for similar conditions among the general population, or into too early death. This kind of vicious circle can only end in poverty. The cost to the community, which might be spent to save productive workers, is expended to care for the same people as indigents. Public health work ever demands the per capita cost of emergency relief.

Supreme Liberty

July, 1933

Chicago, Ill.

Obviously this merely touches the problem and relates none of the difficulties of medical education, hospitals and nurse training schools, post-graduate opportunities for colored physicians, and places for colored public health workers, contributions which the Negro might make to the problem. The whole question is almost inextricably bound up with his other social and economic problems.

Organized protest against this particular form of disinterestedness in the value of a black man's life is imperative. It is perhaps revolutionary and dangerous to offer radical procedures for cures, but the matter of the health of twelve million people almost totally neglected in a national way is important enough to permit a suggestion, if for no other reason than to provoke discussion.

There are certain outstanding examples of successes in dealing with medical problems in this country. These have been provoked by purely voluntary agencies, whose unselfish efforts, and real or assumed authority, have forced revolutionary changes in medical practice, over the whole country, without federal authority.

Thus have unworthy medical schools been put out of business by the Council of Medical Education and Hospitals of the American Medical Association. The same body has standardized the requirements for internship. The American College of Surgeons and the American Hospital Association have exercised an invaluable and incalculable influence on the hospitals and nurse

training schools of the United States and Canada. The National Board of Medical Examiners, a voluntary agency, "has avoided state lines and built up a prestige as a national agency until today its more than 3,000 diplomats are recognized without additional examination, in 42 states, Puerto Rico, Canal Zone, Hawaii, the U. S. Army, and United States Public Health Service.'

Our problem involves several thousand state, county and municipal health departments, and a score or so of unofficial agencies, with their varying locations, standards and leadership of medical and non-medical men. Some voluntary agency, national in scope, and with the possibility of growing prestige, looking forward to making it popular to take an interest in Negro health, is sadly needed. I can visualize many cooperating agencies, especially the National Medical Association, the National Urban League, the National Association for the Advancement of Colored People, the National Council of Social Workers, the American Birth Control League, the Young Men's Christian Association, the Interracial Commission, national church bodies, white and colored, and many of the national voluntary, non-official health organizations. There is abundant evidence that all these are interested and willing to do something but there is no leadership. The success of such a body would depend upon the authoritative backing and prestige of its directors. It would give publicity to statistics and studies, offer suggestions to communities, foster a limited number of surveys, point out particularly meritorious efforts and exercise influence upon all the already existing agencies, official and non-official, insisting that they devote a greater portion of their efforts to Negro work. It would **not** attempt to set up new agencies.

Returns would be measured in the comfort, increased pride, longer life, happiness, economic advancement and resultant creative effort of the Negro.

CHICAGO, ILL.
POST

AUG 16 1933

Gain in Medical Care of Negro Told at Convent.

SAVANNAH, GA.
PRESS

AUG 25 1933

BY FRANK L. HAYES.

"There has been marked improvement within the last few years both in the education of Negro physicians and surgeons and in the facilities of hospitals caring for Negro patients," Dr. M. T. MacEachern, director of hospital activities of the American College of Surgeons, told the National Medical Association today at its meeting in Frances E. Willard school.

"The Provident hospital in Chicago, which recently opened its new quarters, is one of the most modern hospitals in the service. The Flint Goodrich hospital in New Orleans is one of the finest little institutions in the south. Excellent hospitals serving Negroes have been opened in Jacksonville, Fla., and in Greensboro, N. C.

"In the past the great problem in Negro hospitals has been the lack of the financial support necessary to bring their physical facilities to what they should be.

"The recent improvement is due in part to the fact that white p are recognizing that the commu must help.

"There are 116 hospitals, sanitoriums and related institutions for the care of Negroes in the United States having a combined capacity of 13,917 beds. The American College of Surgeons surveys only those having twenty-five beds or more. We have made a survey of forty-six general hospitals and have approved twenty-four. The others are coming along hopefully, and my message is one of encouragement: to carry on the work of improving standards to the utmost possible, despite the admitted economic difficulties in the way."

Dr. William Cutter, secretary of the council of medical education and hospitals of the American Medical Association, discussed the program of that association with respect to the standardization of hospitals and the training of internes.

Dr. C. Rufus Rorem, associate medical director of the Julius Rosenwald

"SLEEPING SICKNESS."

"Encephalitis," the latest form of "sle ing sickness," seems to have invaded the West. It attacks people past middle age and the doctors are searching for the carrier of this type of illness. The most pronounced symptoms are a stiff neck, high fever and a tendency to drowsiness. Mosquitoes have been discarded as carriers of sleeping sickness, and drinking water has been eliminated from the list of possible conveyers. Doctors are hunting for insects and hope soon definitely to find a way of elimination. It differs from the lethargic type and the disease has appeared in St. Louis and Mississippi.

Sleeping sickiess up to this time has been occurring among the inhabitants of tropical West Africa, characterized by intervals of sleep occurring at short periods. It has been peculiarly fatal. The victim appears at first languid, weak and stupid; an eruption appears on the skin. He falls asleep, according to writers, while talking, eating or working. He is fed with difficulty and becomes emaciated. Then follow convulsions and death. Some patients become insane. The bacilli has never really been discovered. Some phases of the disease have developed in the Congo, even after the patients had left Africa for permanent residence in Europe. A few cases of the disease have been found among negroes in the Southern states.

Formerly the parasite was supposed to be transmitted by mosquitoes. Fatalities have been found in the Phiilppines. It was once thought to be a disease which would become domesticated in the Southern states, but its appearance in St. Louis, especially among the colored population, shows that as the negro has gone west it has developed there.

The fatality noted in America is about 10 per cent. "It is the worst outbreak of this disease in the history of the country." Doctors are concerned about the high rate of fatality. The spread of the disease in the West has really become alarming, and most of those affected are comparatively old. The disease is evidently not contagious and is being spread by some carrier not yet determined.

Newark, Cleveland, Cincinnati Lead in Tubercular Deaths

Afro-American
Baltimore Md.
7-1-33

Pittsburgh, Louisville, Atlanta, Birmingham Are at Bottom of Big Cities.

NEW YORK.—(ANP)—In forty-two of the largest cities of the United States, with a total Negro population of more than two million and a half (2,579,906), there were 6,330 deaths from tuberculosis among the colored in 1932 and a death rate, therefore, of 245 per 100,000, according to the annual survey just completed by Godias J. Drolet, statistician of the New York Tuberculosis and Health Association, based upon direct reports of the Health Commissioners of each community.

"In spite of the continued economic depression last year, and of undoubted hardships among Negroes, especially in the cities, there occurred," Mr. Drolet told the Associated Negro Press, "probably the greatest gain against tuberculosis made by Negroes in a number of years, the tuberculosis deaths in 1932 being 708 fewer here than in 1931 and their death rate fell by 13 per cent from the 283 per 100,000 it was in 1931."

The communities surveyed have a combined population of 30,388,940 and the tuberculosis deaths among both the white and colored totalled 22,652, the Negroes having suffered 27.99 per cent of the total mortality from this cause as against 28.8 per cent in 1931.

Rate Falls in 14 Cities

"Although tuberculosis continues to exact, especially in the cities, a cruel toll among Negroes, and the death rate is still high, it is most heartening to notice," says Dr. Drolet, "that anti-tuberculosis work am g this group is securing gains as great as among other racial groups. In fifteen large cities each with more than a fifty thousand Negro population, the colored tuberculosis death rate in 1932 remained stationery in one, namely, Washington, D.C., and fell in each of the other fourteen.

"Thus, in New York City, the Negro tuberculosis death rate of 270 per 100,000 population was 9 per cent lower than that of 1931; in Chicago it was 266, a decline of 7 per cent; in Philadelphia, 219, or 14 per cent less than the year before; in Baltimore, 288 or 8 per cent less; in Detroit, 260, a decrease of 15 per cent; in New Orleans, 239 or 18 per cent less; in Birmingham, 186 a decrease, of 23 per cent; Memphis, 270 or 11 per cent less; St. Louis, 279, or 25 per cent lower; Atlanta, 161 or 19 per cent less; Cleveland, 303, a decline of 25 per cent; Houston, 166 or 5 per cent less; Pittsburgh, 114, a 39 per cent decrease; Cincinnati, 358, namely 24 per cent lower."

Altogether, in the entire group of the forty-two cities surveyed by Mr. Drolet the death rate from tuberculosis among Negroes in 1932 compared with 1931 remained stationery in only one instance; it rose in eleven, namely, Los Angeles, Newark, Kansas City, Kans., Milwaukee, Oakland, Calif., Elizabeth, New Jersey, Minneapolis, St. Paul, San Francisco, Seattle and Portland, Oregon; and, in the remaining thirty cities there were decreases.

Health-1933

General

HIGH TUBERCULOSIS MORTALITY TO BE REDUCED IN DRIVE MADE BY NATIONAL MEDICAL ASS'N

RURAL AND URBAN CENTERS TO GET BENEFIT OF RESEARCH AND INVESTIGATION

Thirteen Southern States and Twelve Northern Cities in Project

NEW YORK, Feb. 2.—(ANP)—A five-year plan to reduce the high tuberculosis mortality among Negroes, which is three times that of whites, was announced Monday by the National Tuberculosis Association. The work is made possible through a special gift and is being undertaken with the cooperation of a committee appointed by the National Medical Association. A classification of American Negroes into two major groups—southern rural and northern big city—marks the first step in the plan. Efforts will be directed toward work with the latter group first.

A recently completed six months' study of the economic, social, and psychological characteristics of Negroes in 13 southern states and 12 northern cities forms the basis of the project. The study was conducted by Dr. C. St. C. Guild, field secretary of the committee appointed to formulate the program of tuberculosis control. The committee is composed of Dr. H. R. M. Landis and Harvey Dee Brown, of Philadelphia; Dr. M. F. Haygood, superintendent of the state tuberculosis sanitorium, Alto, Tenn.; and Dr. Kendall Emerson, managing director of the National Tuberculosis Association, New York City.

Discussing the new classification Dr. Guild said, "One cannot consider the Negro population as an entity, and any endeavor that contemplates the same methods of approach to all members of this race regardless of group characteristics is doomed to failure. Insofar as the work of our committee is concerned the problem may be boiled down into the fact that the southern rural group is extremely poor and lives in an area were public funds are too limited to provide the health measures that would make tuberculosis control possible. Consequently our problem in this group is to devise a program that will enable them to spend to best advantage the limited public health funds available. This program will be based on the knowledge obtained from important experiments now being conducted in various parts of the south by both officials and non-official agencies.

"The other group lives in the wealthy northern cities, so the problem here is rather to persuade them to take advantage of the preventive measures provided in their communities."

Explaining further, Dr. Guild continued, "The southern group consists of over 6,000,000 Negroes, and if those in the towns and smaller cities be included the total is raised to 8,000,000. This group is distributed among Alabama, Arkansas, Georgia, Mississippi, North Carolina, Tennessee, Florida, Kentucky, Louisiana, Missouri, South Carolina, Texas and Virginia.

"In general it may be said that the Negroes of this group live in the south under essentially rural conditions. Psychologically they are very different from the Negro of the northern cities. Race consciousness is here present to a limited degree. The vast majority of this group are engaged in agriculture. They have a pitifully small cash income and that is usually available only once a year. With few exceptions the Negroes of this group live in areas which are unable to finance adequate tuberculosis control measures as defined by present standards. Several of the states listed make no provision whatever from state funds for sanatorium treatment for either white or colored patients, and in most of the others such service is gravely inadequate."

Facts about northern big city Negroes were compiled from Baltimore, Chicago, Cincinnati, Cleveland, Columbus, Detroit, Indianapolis, Newark, New York, Philadelphia, Pittsburgh and Washington.

"Some 1,500,000 Negroes make up this second significant group," reported Dr. Guild. "They are becoming intensely race conscious. Their tuberculosis death rates are higher than are those of their rural cousins south of the Mason-Dixon line."

Dr. Guild recommended that the committee's efforts should be directed first toward this group for the following reasons:

"1. These Negroes live in communities most of which are financially able to provide whatever may be needed in the way of control measures.

"2. Very excellent work is already being done in several of these cities in one or more of the activities which go to make up a complete program for the control of tuberculosis among Negroes. For example, some of the clinic work and the nursing service in Philadelphia appears to be of the highest standard. Any colored patient needing sanatorium treatment in Detroit may obtain it without delay. In Pittsburgh an intensive study of tuberculosis among the Negroes of that city is being carried on, one of the objectives of which is 'the formulation of an adequate permanent program for the control of tuberculosis among Negroes with special reference to education.'"

In his report Dr. Guild indicated what, in his opinion, are the outstanding examples of tuberculosis prevention work among Negroes now being conducted in the United States:

"Undoubtedly the research program of the Henry Phipps Institute, Philadelphia, far exceeds in scope and value that of any other project visited. Many of the agencies contacted in the field are particularly interested to know what is going on at Phipps, as this seems to be the center for research work among Negroes."

A tribute was paid to the work of Dr. Henry D. Chadwick, chief of the bureau of tuberculosis control, and Dr. Henry F. Vaughn, health commissioner, of Detroit. "Detroit has no waiting list for sanatorium treatment. Patients, either white or colored, are admitted without delay. To achieve this happy result there are available in Detroit nearly two beds per annual death." An unusual development noted in this city is the existence of several small hospitals and sanatoria for Negroes with tuberculosis, owned and operated by Negro physicians, and staffed by Negro physicians and nurses.

In the south, Knoxville, Tenn., was singled out for high praise. "This city now appears to have as well balanced a program for the control of tuberculosis as any city in the south, and certainly no southern city of like size is likely to surpass it.

"The project being conducted in Williamson county, Tennessee," continued the report, "is the most important study being carried on in the entire state. This is an intensive study of a large group of families to determine the amount of damage being done by tuberculosis within this group. Approximately 1,000 families have been examined."

In Lee county, Alabama, an experiment in treating the tuberculosis patient at home by segregating him in a portable screened cottage or screened porch is being closely followed.

Time
Chicago, Ill
FEB 13 1933

MEDICINE

Tuberculous Negroes

In proportion to population, three times as many U. S. Negroes as U. S. whites die of tuberculosis. No one definitely knows why. Probably the Negro has not yet acquired resistance to the disease, or has been less protected by Medicine. Whatever the explanation, the National Tuberculosis Association last week started to attack tuberculosis among U. S. blacks. First step was to declare officially that the country contains two kinds of Negroes—poor Southern country Negroes and less poor Northern city Negroes. Northern Negroes show more tuberculosis than Southern Negroes. The Association is attacking Northern conditions first—upon advice of its special investigator Dr. Cameron St. Clair Guild (pronounced Gould), a Nova Scotian who has become expert on Southern U. S. public health deficiencies. The Rosenwald Fund, builder of schools for rural Negroes, is paying for tuberculosis control among the Race. One able Negro, Sociologist Charles Spurgeon Johnson of Fisk University, belongs to the committee of prevention.

According to Dr. Guild, the country Negroes in 13 Southern States number 6,000,000 (2,000,000 more live in Southern towns and small cities). Psychologically they are very different from the Negro of Northern cities. They have little Race consciousness, "pitifully small cash income. . . . With few exceptions they live in areas which are unable to finance adequate tuberculosis control measures. . . . Several of the States listed make no provision whatever from State funds for sanatoria for either white or colored patients, and in most of the others such service is gravely inadequate."

City Negroes have congregated chiefly in Baltimore, Chicago, Cincinnati, Cleveland, Columbus, Detroit, Indianapolis, Newark, New York, Philadelphia, Pittsburgh, Washington—"communities most of which are financially able to provide whatever may be needed in the way of control measures." These Negroes, numbering about 1,500,000, "intensely Race conscious," have higher tuberculosis death rates than their rural Southern cousins. But they are handier to deal with. As prime examples of tuberculosis prevention among Negroes, the National Tuberculosis Association last week pointed with pride to:

Philadelphia's Henry Phipps Institute, the best, "the centre for research work among Negroes."

Detroit, which "has no waiting list for sanatorium treatment. Patients either white or colored are admitted without delay. . . . An unusual development is the existence of several small hospitals and sanatoria for Negroes with tuberculosis owned and operated by Negro physicians, and staffed by Negro physicians and nurses."

Knoxville "now appears to have as well balanced a program for the control of tuberculosis as any city in the South, and certainly no Southern city of like size* is likely to surpass it."

*Southern cities of like size (105,000 population): Miami, Tampa, Chattanooga, El Paso.

Our Span of Life Found Dwindling

The New York Times
2-26-33
New York N.Y.

Present Civilization Offsets the Advances In Medicine

To the Editor of The New York Times:

Is human life being lengthened or is its span becoming shorter? The answer is "yes" to each question. Such an answer seems impossible, but nevertheless it represents a condition that must be accepted as a fact. The ailments that end human life may be placed broadly in two classes, infectious diseases and "old age" ailments.

The conquest of infectious diseases has added nearly a score of years to the expectation or average span of life, but the increment applies to infant and early adult life; it does not apply to the man beyond 50 years of age.

Of "old age" or deterioration ailments the following are a gruesome reflection upon modern civilization; the deaths of 1931:

Heart diseases	280,881
Cancer	118,141
Nephritis	104,119
Cerebral hemorrhage	99,376
Diabetes	24,357
Arterial sclerosis	21,027

The total, 647,091, is nearly one-half the number of 1,322,587 deaths for the year.

A Losing Fight.

Dr. Paul G. Norris, in an address before the Osteopathic Society of New York City, declared that the man beyond the age of 50 years is gradually losing in his fight for life.

Here are tabulations from two sources covering the decade between 1910 and 1920. The first was prepared from the mortality records of the Census Bureau, showing the expectation of life at the ages noted:

Year.	Sex.	At Birth.	At 32 Years.	At 62 Years.
1920.....	M	53.98	34.93	13.38
1910.....	M	50.23	33.33	12.85
Gain....		3.75	1.60	0.53
1920.....	F	56.33	36.12	14.01
1910.....	F	53.62	35.40	13.70
Gain....		2.71	0.72	0.31

The table shows that, from 1910 to 1920, the gain at birth is less than four years, while at 62 years it has fallen to six months for men and to four months for women.

The expectancy from life insurance company tables is more to the point:

Year.	At 37 Years.	At 47 Years.	At 57 Years.	At 67 Years.
1927 .....31.47		25.51	16.57	10.60
1921 .....32.80		28.90	17.52	11.50
Loss 1.39		1.39	0.95	0.90

Heart and artery ailments stand first in the causes of death. In 1900 the rate for each 100,000 of population was 111.0; in 1931 it had increased to 212.7—about one death in every six. The physician may prevent and even arrest deterioration, but he cannot put new valves in an old heart. It is the strenuous life forced upon humanity by modern civilization and its environment. For the greater part, people do not die from the one unpreventable cause; they kill themselves—or are killed—by their own indiscretions. JACQUES W. REDWAY.

Mount Vernon, N. Y., Feb. 23, 1933.

Bulletin of the Wayne Co. Medical Society
Chicago Ill.
MAR 14 1933

Tuberculosis in American Negro.—Pinner and Kasper compared the postmortem observations in 303 Negroes and 219 white patients who died of tuberculosis. They found a greater frequency of miliary tuberculosis in the Negro (37.3 per cent as against 15.5 per cent), a greater frequency of hematogenous metastases in the Negro (84.2 per cent as against 40 per cent) greater frequency of lymphatic metastases in the Negro (66.8 per cent as against 10.8 per cent), and various qualitative differences in the pattern of tuberculous lesions in the two races. The discrepancies that they observed led them to the conclusion that infection tends to produce a high state of allergy in the Negro but that he unlike the white man, does not readily acquire a state of increased resistance coincidentally. Although the differences are not all mutually exclusive for the two races, they are deemed to be of sufficient significance to warrant their serious consideration in explaining the well known discrepancies in the tuberculosis mortality rates and in the apparent individual resistance of Negroes and white persons. The authors conclude that lack of childhood infection in the American Negro, often heralded as the cause of his inferior resistance, does not exist. They acknowledge the all important rôle of environmental conditions in the pathogenesis of the disease. But environmental factors are apparently not capable of explaining satisfactorily both the high mortality and the peculiarities of individual disease. They are impressed by the necessity of considering the likelihood of true genotypic differences between the two races in order to explain their different reactions to tuberculosis."

PHILADELPHIA, PA
RECORD
JUL 2 1933

TUBERCULOSIS RATE OF NEGROES DROPS

Greatest Victory in Years Shown in Survey for 1932.

By JOSEPH H. RAINEY

In Philadelphia, 1539 people died of tuberculosis in 1932.

Of this number 522, or 34 percent, were Negroes.

According to the annual survey just completed by Godias J. Drolet, statician of New York Tuberculosis and Health Association, based upon direct reports of the Health Commissioners in 42 of the largest cities in the United States, with a total Negro population of 2,579,906, there were 6330 deaths from tuberculosis among Negroes last year.

Gain Shown, However.

There appeared, however, probably the greatest gain against tuberculosis by Negroes in a number of years, the tuberculosis deaths in 1932 being 708 fewer than in 1931. Their death rate fell 3 percent from the 284 per 100,000 it was in 1931.

The communities suveyed have a combined population of 30,388,940 and the tuberculosis deaths among both white and Negroes totaled 22,652 the Negroes having suffered 27.99 percent of the total mortality from this cause as against 28.8 percent in 1931.

Nine cities now have Negro populations exceeding 100,000 each, namely New York, Chicago, Philadelphia, Baltimore, Detroit, Washington, New Orleans Birmingham and Memphis.

Mortality Proportions.

In these the proportion of the tuberculosis mortality among Negroes was as follows:

New York, 990 deaths in a total, for white and colored, of 5059 or 20 percent of the entire mortality from this disease; Chicago, 696 deaths out of 2213, or 31 percent; Baltimore, 430 out of 895, or 48 percent; Detroit, 357 out of 1118, or 32 percent.

Washington, 380 out of 599, or 63 percent; New Orleans, 325 out of 521, or 56 percent; Birmingham, 196 out of 264, or 74 percent; Memphis, 282 out of 385, or 73 percent.

St. Louis, with a Negro population of 98,798, had 276 deaths in a total of 691, or 40 percent Negro; Atlanta, with 96,064 Negroes, 155 deaths in a total of 195, or 79 percent. Other large cities with a smaller proportion of Negro tuberculosis deaths were Pittsburgh, 18 percent; Milwaukee, 17 percent; Boston, 8 percent, and Los Angeles, 7 percent.

Heartened by Fight.

"Although tuberculosis continues to exact, especially in the cities, a cruel toll of Negroes and the death rate is still high, it is most heartening to notice," says Drolet, "that anti-tuberculosis work among Negroes is securing gains as great as among other racial groups."

The Negro population of New York City, the largest under urban conditions, 366,000, suffered 990 tuberculosis deaths in 1932 as against 1039 the year before, the death rate being therefore 270 per 100,000. In Central Harlem, where the majority reside, their deaths numbered 510 in 1932 as against 532 in 1931; 517 in 1930, and 459 in 1929.

Lexington, Ky., Leader
July 24, 1933

NEGROES AND TUBERCULOSIS

This seems to be the time at which to build a structure for the purpose of hospitalizing Negro tuberculosis patients. The government will advance 30 per cent of the cost of such a building, it is presumed, as an outright gift and a loan of 70 per cent of the total amount needed can be had running for 40 years at a low rate of interest, only three per cent per annum.

In the United States the tuberculosis rate is about 60 in 100,000. In Fayette county, at least, the Negro tuberculosis rate is approximately 200 per 100,000. In spite of the large number of cases among the Negroes, who are peculiarly susceptible to the disease and in whom it runs an acute and rapid course in the majority of instances, there are no proper facilities for the treatment of persons stricken with tuberculosis who belong to this race.

Some patients can be cared for in the pavilions at the Julius Mark's institution, but a building is imperatively demanded by the situation. Not only are the members of the Negro race very susceptible, but in all too many cases they are living in insanitary dwellings and neighborhoods, are improperly clothed and nourished, and are constantly open to the attacks of the dread malady which has for many years been one of the chief causes of death among them.

The white people of the community should be profoundly interested in this problem not merely from the humane standpoint but from the social standpoint and for the sake of self-protection. Tuberculosis is no respecter of persons. It can be, and is being, carried into the homes where Negro servants, cooks, housemaids, and nurses, are employed. Both adults and children are being exposed to it.

The slum takes its toll even in the highest ranks of the social order. Disease has no deadline beyond which it will not go. All insanitary conditions, all human wretchedness, ignorance, and disorder, all neglect of the public health and of the principles of sanitation on the part of a community, inevitably result in tragedies involving all alike.

If something can be done to reduce the incidence of tuberculosis among the members of the Negro race and to care for and restore to health those who are now afflicted with the white plague, that something should be done as a matter of community protection as well as a matter of the highest social justice.

Health - 1933

General

Charlotte, N. C. Observer
December 6, 1933

NEGRO EXPERIENCES IN ILLINOIS.

One circumstance that served to check the migration of negroes from the South to the North and West was the liability to tuberculosis involved in the change of climate. Even in the South the negro is susceptible to tuberculosis and this fact is repsonsible for the high death rate in communities populated largely by negroes. But in the North and West it is infinitely worse, as graphically indicated in the official report of Dr. Jirka, Health Officer for the State of Illinois. He finds that negroes living in that State incur a danger from tuberculosis that is "six times" greater than that of the white population of the State, and "twice that of the negro race in the South." To be more specific, nearly one-fourth of the deaths from tuberculosis in Illinois are among the negroes, although this race makes up less than one-twentieth of the entire population. The death rate among the negroes last year from this cause was 260 to the 100,000 population, while the rate among the whites was only 45. This and like experiences of the migrated negroes is plain enough evidence that the home for them is in the South and among white friends who know them best and who have their welfare at heart.

OVERLOOK 12 MILLIONS IN SURVEY, CLAIM

No Negroes Among 48 On Commission; One Million Dollars Put At Disposal Of Group; Health Status Of Entire Race Not Considered.

CHICAGO, August 24—(ANP)—Dr. Morris Fishbein, editor of the Journal of the American Medical Association (white), and Dr. John A. Kenney, editor of the Journal of the National Medical Association, took turns here Thursday night machine-gunning the work of the Commission on the Cost of Medical Care appointed by former President Herbert Hoover.

The Commission was composed of 48 members, worked five years and had nearly a million dollars at its disposal.

Both men were heard in featured addresses before members and friends of the National Medical Association at a banquet held in the Hotel Sherman. Dr. Miriam Bousfield president-elect of the Association, was toastmaster.

Dr. Fishbein painted a vivid word picture of the changes in demical practice and cost during the past fifty years to show that increased mechanization and specialization has resulted in increased but often unnecessary cost to the sick. He scored the recommendation of the Commission on Medical Costs for the creation of clinics for mass treatment and the regimentation of doctors, holding that it was inconsistent with the fundamental relation of intmiacy between physician and patient.

In his turn, Dr. Kenney called attention to the fact that although Negroes constitute a tenth of the population numerically, no Negro served on the Commission and the report of the Commission specifically stated that the contents were compiled without reference to the Negro.

"Why did they not consider 12,000,000 of the most needy, the most dependent, the most neglected citizens of this republic?" Dr. Kenney asked. "Why were 12,000,000 of this nation's citizens not considered by this able Commission in a five-year study of health and economic conditions with one million dollars at its disposal?"

At another period in his address, Dr. Kenney took issue with medical men who view with distrust the development of so-called segregated medical centers supported by philanthrophy and public subscription. He referred to Greater Provident Hospital in Chicago, and to others in the East and South.

"Personally, I rejoice that I have lived to see these great movements under way," Dr. Kenney announced. "I know that there are many of my group who differ with me in this matter. I can't help it. They say that we had better wait fifty years than to accept these so-called segregated movements.

"My friends whether in the South, the West, the East or the North, or even in Chicago, segregation in the United States of America, does exist. Do we like it? No. Must we fight it? Yes. Where? Anywhere and everywhere. How? By every legitimate means at our disposal.

"But I have never seen and I certainly can't see now where there is anything to be gained for the race by a cutting-off-the-nose-to-spite-the-face policy. There are those of our group who are not only lukewarm to but who oppose this great Provident Hospital program—the biggest professional educational movement ever launched in the interest of the race.

"If the late Julius Rosenwald, and all the other philanthropists who joined him, and all the colored people of this city who supported the movement with their contributions; if the great Chicago University with its teaching staff; if these brilliant young professional men of my group who have prepared themselves for service in this institution, are fools, then, my friends, I acknowledge myself the biggest fool of them all by subscribing to it my unqualified endorsement."

Beginning his address, Dr. Kenney paid tribute to the first Negro doctors in the United States James Derham, born in Philadelphia in 1762 who practiced in New Orleans; James McCune Smith, New York; John V. DeGrasse New York; Chas. B. Dunbar, James H. Wilson and David Rosell, all of whom practiced before the Civil war.

In conclusion he set a high mark for the young men of today. He adjured them against being copyists.

Health -1933

General

RALEIGH, N. C.
TIMES
OCT 12 1933

"OLD DOCTOR BRADY" REVIVES ANCIENT HOOK-WORM SPECTRE

Resurrection of the hook-worm by "Old Doc Brady" is reminiscent of those days twenty-five years ago when the activities of John D. Rockefeller (the He Rockefeller) first retired from free-booting industrialism and turned philanthropist.

When the emperor of oil, mines, railroads and banks finally concluded that he had enough gelt laid by to justify his ceasing to do his fellow man in order to do him good, the hook-worm was sold to him with a bang by a number of eager young scientists. While they organized field forces and conducted laboratory investigations and started campaigns of education, the publicity department of Midas adopted the saving of the poor whites of the South as its slogan. Undoubtedly the hook-worm was a bad critter, but the picture drawn of the people on whom it preyed was one horrendous for any civilization to contemplate. Once introduced into the system and coming to rest in the duodenum, an internal cavity of which the man in ordinary has lately become as self-conscious as of his appendix, the hook-worm was credited with all the evils of human maladjustment. Was a particular man a lout as lazy as a hound dog sleeping off a 'possum hunt in next day's sun? Did he own for wife a slattern incapable of anything except every spring adding an ailing baby to the population? Were their children slinking youngsters with eyes like animals, vicious as well as weak? Very well, proclaimed the Rockefellers and their aides, in every case they are harborers of hook-worm! How do they get the hook-worm? Why, chiefly, by going barefoot in infested soil. Remove the hook-worm, ran the inference, and the most shiftless Georgia or Florida cracker might turn out to be a person of vision, understanding and pep who might in time become the President or General in the Army.

And now, after all these years, "Old Doc Brady" must retrace old trails and lambast the ignorant South again, and call attention to our lack of sanitation, and our predilection to filth, and once more sharpen the hook-worm's clinging claws.

The Rockefeller lore to the contrary, we always have felt that mental inertia and animal-like habits in living noted among isolated people—poor whites, tenant farmers, rural negroes and such—have their genesis in breeding and heredity, rather than in any parasitic borer from out to in, and out again. The hook-worm undoubtedly has been convicted of many sins, but it is too strong an indictment to charge it with human failures in any considerable mass. Particularly, if hook-worm is to be charged with all the worthlessness apparent in certain Southern elements almost religiously opposed to decency and intelligence, what is eating the slums of the Northern cities? Not the hook-worm, which must have soil to infest. There is no soil on the East Side since members of Congress ceased distributing free seed to grow in geranium pots on fire-escapes.

Hook-worm, as has often been announced, may be diagnosed the minute man, woman, chick or child begins to suffer from "ground itch," or "athlete's foot." That is something good to know, since the remedy is so simple. In the old bare-foot days contemned by Sis Perkins every normal boy in the South knew about ground itch. But, fortunately for him, the medicine chest contained a bottle of castor oil, with which he was periodically dosed for his soul's sake. And for hook-worm a dose of castor oil is the sovereign specific.

Georgia

Health - 1933

MONTHLY HEALTH RECORD

Health Department
Savannah, Ga.

VITAL STATISTICS FOR THE MONTH OF NOVEMBER

Resident deaths, natural causes	43	67	110
Deaths, external causes, residents	2	1	3
Deaths, external causes including non-residents	6	8	14
Total deaths, exclusive stillbirths	55	73	128
Non-resident deaths included in total	10	5	15
Deaths, infants under one year of age	2	5	7
Deaths due to premature births	1	2	3
Deaths from puerperal causes	2	2	4
Deaths from tetanus of newborn	0	0	0
City live births reported	93	69	164
City stillbirths reported	7	9	16
Total births reported	102	78	180

EPIDEMIOLGICAL SUMMARY FOR THE MONTH

	Non-Resident Cases		Non-Resident Deaths		Resident and Non-Resident Cases			Resident and Non-Resident Deaths		
Diseases	W.	C.	W.	C.	W.	C.	Ca.	W.	C.	Dth.
Brill's Fever	1	0	0	0	10	1	11	0	0	0
Diptheria	1	0	0	0	9	3	12	0	0	0
Influenza	0	0	0	0	37	5	42	2	1	3
Malarial Fever	12	1	2	0	28	5	33	2	0	2
Pellagra	1	1	0	1	2	6	8	0	3	3
Pulmonary T. B.	1	1	0	0	4	17	21	1	2	3
Scarlet Fever	0	0	0	0	7	0	7	0	0	0
Syphilis	2	16	0	1	39	102	141	0	5	5
Typhoid Fever	1	0	0	0	2	1	3	0	1	1
Whooping Cough	0	0	0	0	0	1	1	0	0	0

HEALTH NOTES

Typhoid Fever is decreasing. Diptheria continues to appear, but in a mild form without fatalities. Influenza is beginning to appear

Yours for health

Victor H. Bassett, M. D
Health Officer

as cooks and nurses. This should be an indication to all of us for the importance of determining whether or not these people are free of this and other communicable diseases before they are given employment. If all would mak this discrimination it would offer us protection and at the same time be of benefit to these people.

"Perhaps the greatest need in the control of this disease locally is provision for the isolation of advanced cases. There are many such in our community and the conditions under which they are living makes it next to impossible for other members of the household to be protected and they are constantly giving us new cases to deal with."

Sunday, February 20, 1933

CONSENT SLIPS FOR APPROXIMately 4,000 colored school children to be inoculated against typhoid fever are being prepared by the Richmond County Department of Health. The medical assistant made 25 visits to colored schools in the county last week.

NEGROES TO DISCUSS TUBERCULOSIS FIGHT

First annual negro conference on the control of tuberculosis in Georgia will be held this morning and afternoon at the school of social work on the campus of Atlanta University, when plans will be laid for needed work as reflected in the increase of the negro tuberculosis rate in 1932. The morning session will begin at 9:30 o'clock, with Professor W. M. Hubbard, of Forsyth, presiding. During the session several addresses will be given and members of all races interested were invited to attend. The afternoon session will begin at 2 o'clock.

Columbus, Ga. Ledger
April 11, 1933

City Health Reports For March Submitted

The report of Dr. W. E. Mayher, city physician and health officer, for the month of March, made to the city commissioners at their session Tuesday morning, shows he made 491 calls to homes, treated 1,527 white people in his office and 437 negroes, that he wrote 3,144 prescriptions, issued 112 hospital permits, 39 X-ray permits and examined 20 food handlers.

The report of Dr. F. M. Jenkins, dentist, shows 218 white patients and 80 negro patients were treated at the dental clinic. The report of J. O. Willis, city sanitary inspector, shows as follows: Yards inspected 1,632, yards reinspected 157, cafes and lunch rooms inspected 115, cafes and lunch rooms reinspected 4, meat markets inspected 102, meat market reinspected 2, soda fountains inspected 27, miscellaneous inspections made 12, miscellaneous notices served 7.

The report of W. H. Dickinson, dispenser and bacteriologist shows 144 prescriptions written, 302 by outside doctors, 246 by internes and 701 hospital orders filled at the dispensary, and a total of 2,497 laboratory tests run.

Cairo, Ga., Messenger
April 14, 1933

TWO CLINICS HELD FOR NEGROES.

A clinic was held Monday, April 3rd, at Washington High School for negro babies and small children. A second was held at Whigham colored school, in Whigham on Tuesday, April 4th.

Dr. Dykes, County Health Officer examined 215 chidren at the two clinics. These clinics were held for the purpose of finding out the defective children, so that the parents will know and as soon as they can have the defects corrected.

Clarkesville [illegible] Advertiser
April [illegible], 1933

Health Posters On Exhibit Friday At Negro School

On Friday afternoon, April 21, between one and five o'clock there will be an exhibit of health posters at the Clarkesville negro school, as announced by Vera M. Bray, teacher.

The public is invited to inspect this exhibit by the pupils of the school, which has done its part in carrying out the county-wide health program among schools during the past two years.

White friends interested in the school work are especially invited

Atlanta, Ga. Constitution
Tuesday, March 14, 1933

NEGROES TO DISCUSS TUBERCULOSIS FIGHT

First annual negro conference on the control of tuberculosis in Georgia will be held this morning and afternoon at the school of social work on the campus of Atlanta University, when plans will be laid for needed work as reflected in the increase of the negro tuberculosis rate in 1932. The morning session will begin at 9:30 o'clock, with Professor W. M. Hubbard, of Forsyth, presiding. During the session several addresses will be given and members of all races interested were invited to attend. The afternoon session will begin at 2 o'clock.

CHILD'S HEALTH

No doubt our readers have been keeping up with the health statistics prepared by the city health officials and published in these columns each month. The analyzing of these statistics will readily show our large death rate and especially infant mortality. This emphasizes the fact that too many of our children are dying. The lives of many of them could have been saved by just a little more care and better understanding of their nurture. The death of these little ones is a distinct loss to the race, thus curtailing our population and progress. It is true that the death rate among the infants is not as large as in former years. Even at that it is too large and should be greatly reduced. There are many mothers who are anxious about the health of their little ones and are endeavoring to do everything to further their betterment, but there are so many apparently careless ones. No doubt they are not wilfully careless, but just that they are ignorant of the baby's care. To this class attention should be directed and every assistance given. To them the visiting nurses have proven a blessing. These nurses are the main cause of not only better health among the young ones but also the adults. This week child's health is being stressed and should be considered by every one of our parents and even expectant ones. The child is the greatest asset of the race and such a valuable asset should be nurtured with every care.

APPLEWHITE SEES HEALTH PROBLEM

High Tuberculosis Mortality Among Negroes Pointed Ou by City-County Officer

Precautions against contraction o tuberculosis from domestic servants was urged by Dr. J. D. Applewhite city-county health officer, in his weekly health letter Saturday, relating the high tuberculosis mortality among Negroes.

"A look at the mortality rates for Macon and Bibb county will reveal that tuberculosis is probably our greatest health problem," he said. "During the year 1932 there were a total of 83 deaths from this cause. While there has been a decrease in the death from 152 to 113 per hundred thousand population, the rate is still excessively high. When we divide the deaths between white and colored we find that 69 of the deaths were among colored people and 14 for white, which reveals five times as many deaths from this cause among the colored population. When we base the rate on a population basis, it is found that the rate for whites per hundred thousand is 31 and for the colored it is 109 or almost seven times as high. It can be readily seen that from this that the problem is much greater among the colored population. It should be of interest to all of us to know that of the total deaths from this cause during the year, 43 or more than half were among Negro women, a group that is working in our homes

MANY DISEASES SHOW BIG DROI

White Rate Has Been Cu Nearly Half Since 1925 Records Show

COLORED STATIONARY

Preventable Maladies Being Conquered, Organic Ones Now on Increase

A changing picture of Augusta's births and deaths is revealed in figures for 1932, the latest, just made available by Harry Gordon, registrar of vital statistics, and those of 1925,

seven years ago, when the health work here was entering its expanded stages.

Preventable diseases have shown a drop. Organic diseases have shown an increase.

The average Augustan's life span, especially among the whites, has been considerably lengthened in that period. In 1925, there were a total of 1,205 deaths of residents within the city, with a population considerably smaller than now. Last year, there were only 965 deaths.

However, the colored population has not shared in the lengthened life span. There were 519 colored deaths last year and only 486 in 1925, showing, with the increase in population, a practically stationary rate, while the white deaths last year were only 446 as compared with 719 in 1925, revealing, when the population figures are adjusted, a decrease of more than 10 per cent.

There are some diseases which are eradicated as causes of death. Smallpox and rabies are among them. Others have shown sharp decreases. Typhoid fever registered only six deaths last year as compared with 10 seven years ago. Tuberculosis registered only 78 last year, while seven years ago the number was 88. In both years, tuberculosis was much more fatal among the colored population. In 1932, there were 29 deaths among whites from tuberculosis of the lungs, and in 1925 only 25. While the white death rate held practically stationary, however, the negroes was reduced. There were 63 deaths from tuberculosis in 1925, only 48 last year. Malaria is also lessening.

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Macon, Ga., Telegraph
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The fact that Negroes are used so extensively as servants, coming in contact most intimately with family life in the laundry work, cooking, cleaning, and in nursing, makes it of the utmost importance that no chances should be taken with the health of the servant. Especially is it worth while to attend to this detail in view of the additional fact that the service can be had without cost.

While tuberculosis is the special dread in this effort at a better health record, venereal diseases come in for their share of hazard, they being easily contracted and communicated to innocent parties if the greatest care is not exercised.

Children being looked after by servants presents a phase that should arouse the interest of mothers. There is no necessity of becoming unduly excited and discharging servants upon mere suspicion, when it costs nothing to have the absolute facts. Eventually we shall operate the system of having domestic servants secure a health certificate as a prerequisite to employment. In the meantime the results will have to be brought about by voluntary effort on the part of all concerned.

Atlanta, Ga. Constitution
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Plans were made for the establishment of a permanent health center. It was decided to build a small sanitarium with rooms for a few beds and an operating room and other simple necessities for a rural health center. The doctors present organized themselves into the Pioneer Clinical Society and they proposed to develop the center for experimentation and investigation for the improvement of the health of negroes in the rural districts and the small towns of Georgia.

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The victim of the attack here was discovered at her home just outside the city limits of Thomasville by Miss Alice Hall, district nurse, who immediately brought the woman to the office of Dr. H. M. Moore, local head specialist, who made the examination and removed the worms. The work was done in the presence of nearly all physicians of this city who had been called in to view the case.

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SAVANNAH, GA.
NEWS
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This laudable move on the part of the medical men should receive heartiest commendation from the public. Fervently it is to be hoped that it may be prolific of highly successful results and may be followed up with concerted action toward checking and eventually eradicating so far as humanly possible a disease, which statistics of the city and county health department show is most highly prevalent, especially among the colored population of the community.

Standing out like a lighthouse is the assurance that the disease can be controlled if a systematic course of procedure is adopted and proper facilities are provided for battling with the infection. It is high time for an awakening to the importance of education along this line and radical means should be adopted, if necessary, to bring about the desired results. It is a situation to be dealt with fearlessly and unceasingly and if, as a result of the health problem is topmost among those which institute next week and the efforts which confront those laboring in the field of public follow, the city's health statistics make of the American better showing next year, those who are on that if the Social Hygiene Association backing the movement will be entitled to generally and the unlimited gratitude of the people of means at hand could be effectively applied the disease the community. could be stamped out in a comparatively short time

It is believed that the negro physicians to the spurring of will welcome the opportunity of acquiring is a sufficient incentive this goal. latest scientific information and efforts toward achieving operating in a movement which means so much toward the salvation of their race. Lectures and demonstrations are to be given by Dr. Lee Howard, Dr. H. F. Sharpley, Jr., Dr. John Howkins, Dr. T. J. Charlton and Dr. V. H. Bassett. through the improvement of sanitary con-

seven years ago, when the health work here was entering its expanded stages.

Preventable diseases have shown a drop. Organic diseases have shown an increase.

The average Augustan's life span, especially among the whites, has been considerably lengthened in that period. In 1925, there were a total of 1,205 deaths of residents within the city, with a population considerably smaller than now. Last year, there were only 965 deaths.

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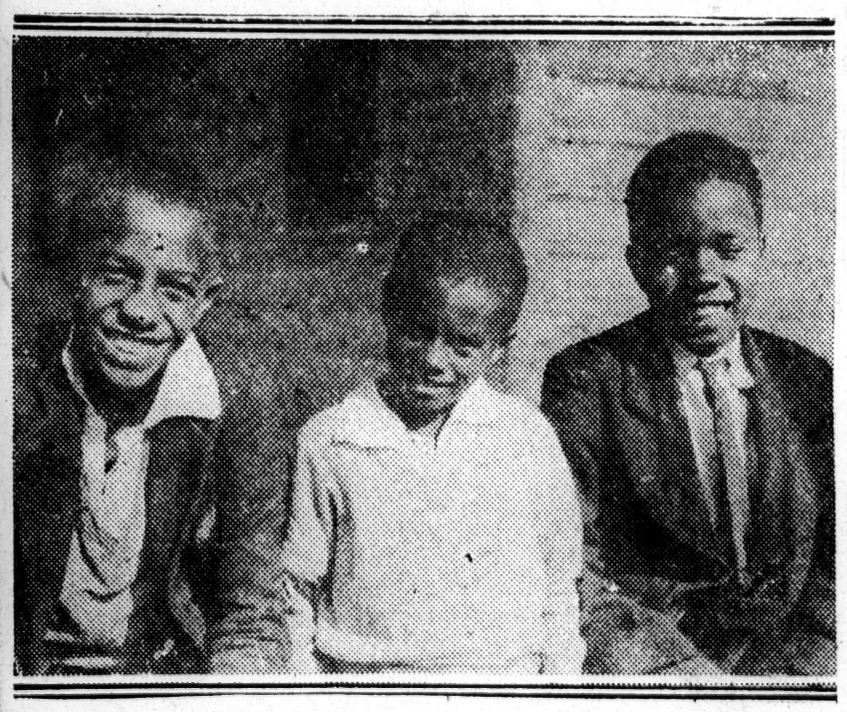
Health-1933

Georgia.

County Fresh Air School Waging Successful Fight



Shown above are three happy pupils in Bibb county's open air school for Negroes—one of only two such institutions in the entire United States. The story of this school as well as that of the white institution for tubercular children is told in Miss Myrick's article below.

By SUSAN MYRICK

Eager-eyed boys and girls sat at wooden tables in the Open Air school in Baconsfield park in Macon. Before them were bowls of steaming soup, and a wholesome sandwich lay beside each plate.

"Will you say the blessing?" invited Mrs. Arthur Baker, teacher in charge, smiling at a tow-headed little girl.

The blessing was asked and the children began eating with quiet talking and laughter. From their appearance, the visitors could not suspect that these were boys and girls in whose families stalked the dread spectre of the White Plague. Instead of pale, thin undernourished children, they were strong and healthy looking.

For the Open Air school for white children of Bibb county was established in 1922 and the county health department, co-operating with the anti-tuberculosis association has been continuously at work trying to stamp out tuberculosis in Bibb county. The children are examined by Dr. J. D. Applewhite, county health officer, the cases are followed up by the health nurses and whenever undernourished children show family history of tuberculosis, whenever there is any tendency toward the disease which has caused so many deaths, the boys or girls are sent to the Fresh Air school.

Carried to School

Each day, they are carried in the county truck to school. Each child is given a quart of milk a day. He is required to lie down on the cots on the porch, which surrounds the small wooden school room, and rest for 45 minutes, twice during the day. He is provided with a hot lunch and taught the principles of health.

In summer, those children who are not responding well to the treatment, who have not properly gained weight and who, the authorities feel, need additional care, are taken to the Open Air camp at Mountain City. There, under the care of Mrs. Baker, they rest, eat and play in the open air and, gradually, the spectre of illness and death is driven out of their lives. Instead of potential charges upon their families or the community, those children become prospective healthy citizens.

Already the good effects of the Open Air school have descended to the second generation. Some of the girls who were in the school during the first year or two of its operation, are now married and have children of their own.

Laughingly, Mrs. Baker calls those her grandchildren.

"It is gratifying to see how the mothers care for those children," she said. "They have not forgotten the principles of health which they learned in the Fresh Air school. The babies are healthy and strong. They sleep in the open air, eat the things they should eat and are kept clean and fine. Instead of having tubercular tendencies, they are healthy children."

Negro School, Too

Not only are the white children of Macon given preventive care, but the Negro boys and girls, since 1925, have received similar treatment. Enthused by a spirit of helpfulness for her race, Eugenia Hamilton, Negro school teacher of Macon, began an effort to raise money to establish an open air school for Negro children. She was president of the Federated Clubs for Colored Women in Macon and through them she raised $1,000 by means of festivals, donations, sings, concerts and in various other ways. The money was turned over to Lee M. Happ, chairman of the tuberculosis commission for Bibb county.

There was begun the Eugenia Hamilton Open Air School for Negro Children. It is one of two such schools in the United States, according to the statement of the state chairman of the association.

Not all the children who need treatment can be accomodated, but those cases which are most needy are cared for in the best possible way. The children are selected by the county health officials and they are brought to school in a truck, furnished by the board of education. The truck driver's salary is paid partly by the anti-tuberculosis commission and partly by donations from the Colored Book Lovers' club. Nurse Ruth Hartly of the county health board is credited with the promotion of the idea and she has received fine co-operation from the club members.

How is it possible to change potential tuberculosis cases into healthy, strong citizens? Because of the work of the anti-tuberculosis commission, which is composed of Lee M. Happ, chairman; James H. Porter, vice chairman; and J. D. Crump, secretary and treasurer. The ex-officio members are Mayor Herbert Smart and J. E. Yates, chairman of county commissioners.

The money which the commission received is from the sale of Christmas stamps. When yo by the Christmas seal with its double-barred cross and its silhouette of jolly fellows pulling a Christmas sleigh, you are helping to carry on the work of stamping out tuberculosis and you are helping to teach prevention.

Decrease in Disease

The effectiveness of the anti-tuberculosis commission may be judged from the fact that in 1900 the death rate from "consumption" was 202 per every 100,000 persons of the United States. In 1930, that rate had been reduced to 71 per 100,000. The decrease has been slightly raised since that time.

But tuberculosis does not kill all at once and it cannot be kept down by spurts. Health is won through long time planning and steady progress is the only way in which disease may be overcome. When you buy the double-barred cross seal, you are helping in making that progress.

The double-barred cross which distinguishes the Christmas seal of the anti-tuberculosis association has a history which goes back to about three hundred years after the time of Christ. In those days the heads of the Christian church at Jerusalem and Constantinople adopted as their emblem a cross with two horizontal bars. Later the region where they lived passed into the hands of the Mohammedans.

When the Crusaders marched to recover the Holy Land from the hands of the Mohammedans, the Duke of Lorraine saw the double-barred cross and liked it. He adopted it as his emblem. Its shape was slightly changed and it became the standard of the house of Lorraine.

During the World war, one of the divisions of the American Army, which was quartered in France, took the Lorraine cross for its insignia. In 1906, the National Tuberculosis association adopted the double-barred cross as the symbol of its campaign against the great plague.

When you buy your Christmas seals this year, buy the one which bears the double-barred cross. In so doing, you help to rid the country of tuberculosis and help to dissiminate information which will prevent the disease in your own county and state.

Quitman, Ga., Free-Press
December 29, 1930

HEALTH BOARD MOVES TO AID ENTIRE COUNTY

New Sanitary Pit Privies May Be Secured by Any Organization, School Or Individual On Basis Named.

The first week after it was announced that the Board of Health would put up $5 to match $5 put up by individuals or school groups to buy material for pit privies there were thirty-one applications from different parts of the county for these sanitary buildings.

The labor cost is paid from the CWA funds. The project gives employment, a market for lumber and hardware. It is of tremendous importance to health and it would be a wonderful piece of work if 1,000 could be built in the county, says Dr. J. R. McMichael, of the Board of Health.

Several colored schools and a number of colored citizens wanted to apply for these buildings and were told somewhere that the plan was not for the schools or for Negroes. Dr. McMichael states that this is a mistake. Any rural school, colored or white, may have the buildings if they will raise $5 for each building. Negroes may have the sanitary buildings for their homes as long as funds can be obtained for them. All they have to do is to bring in $5 with the application and see Miss Leverette at the county health office in the Walker building, or see Dr. McMichael.

Dr. McMichael said he considered this one of the most important health projects the county has ever had an opportunity to undertake. The drainage projects affect only malaria while this sanitary building will help control hookworm, dysentery, typhoid fever and other infectious diseases borne by flies. The screw worm fly will breed in human excreta and this sanitary building will help control that major pest.

A great deal has been spent, he said, on hookworm treatment. Surveys of the schools have shown a large percentage of hookworm infection in the rural districts. This is one of the diseases which drains the South and it affects children almost entirely. The hookworm parasite works into the bare feet of children, causing the familiar toe itch. It finds its way into the intestines and finally back into the ground where it matures and

starts again from this infected soil.

Sanitary outhouses would prevent infected soil and keep hookworm away from bare feet; hookworm will never be controlled without this sanitation.

These houses are very well built; they will last indefinitely. Every country home, every rural school every tenant house on every farm should have these houses. Dr. McMichael said the number was not limited now; the CWA would not undertake the project unless as many as fifty were to be built. They were built here in Quitman and hauled out and put up.

Building them under this plan means the spending of more money by the CWA and that people can get them properly built at much less cost than would be possbile otherwise.

Letters to The Telegraph

"I despise everything you say—and I will fight to the death for your right to say it."—Voltaire.

HE HATES TO DIE

To the Editor of The Telegraph:

Will you please allow me to use your letter column again to ask help for a man in misfortune. A powerful black laboring man came into my office yesterday from a nearby town with a very serious trouble. He has a rapidly growing cancer of his bowel which will kill him within the next six months or certainly within a year unless he has a radical operation. The county in which he lives does not provide any hospital facilities for the care of poor colored men with such trouble nor does it provide to pay for hospital care in other communities.

We doctors are perfectly willing to try and help the Negro but I can not afford to also pay his hospital bill. The man will have to be in the hospital for weeks and very probably the operation will have to be in two or three stages. The cheapest rate available for him is $3.50 per day. His hospital bill will, I am afraid, exceed two hundred dollars. The man, however, hates to die. He is strong and powerful and comparatively young, not being over thirty-five. He has gone home to try to raise his hospital bills and the doctor from his home is contributing some cash and is helping him to get more. I am afraid, however, that they will have trouble raising it and if much time is lost the growth will close the intestines completely.

My last appeal was for a white man. The money came in and I had enough to spare a small hospital bill for a white woman charity case with cancer of the womb. She has also gone home now to the country. I have eleven dollars still in the fund which we can use.

Any contribution to help this Negro will be gratefully received by me or by Charles Newton, Jr., at the First National bank. In the past I have received contributions as small as twenty-five cents in helping make up the total necessary. In this case we must move quickly if we move at all. I hope that the money will be forthcoming. No state funds are available.

DR. CHARLES C. HARROLD.

Health - 1933

Georgia.

Savannah, Ga., News
October 5, 1933

DR. CLARKE TELLS OF DISEASE CURE

Urges Less Sham Regarding Social Ailments

AIDS COLORED DOCTORS

Ignorance Plays Big Part in Spread, He Says

Dr. Walter Clarke, director of medical and public health activities of American Social Hygiene Association, who is conducting an institute here to bring to the colored doctors the very latest methods of diagnosis and treatment of syphilis, was elated yesterday at the progress he is making here.

Dr. Clarke who is receiving the whole-hearted co-operation of the colored doctors and leading white doctors, said he was very much pleased with the response the institute has received from all sources.

At the same time Dr. Clarke urged the co-opertion of all Savannahians in the movement to control and eradicate this disease, which, he said, is responsible for 11 per cent of the admisisons to mental hospitals and for 15 per cent of the deaths due to heart disease for both white and colored and for a greater percentage in the colored people having heart disease.

"This disease is the most hopeful and curable of all serious diseases," Dr. Clarke said, "but due to ignorance and the stigma that society unfortunately places upon those who contract it physicians in the past have been handicapped greatly in combating it."

Dr. Clarke placed the disease in a class with cancer and tuberculosis and other communicable diseases as the greatest menace to public health, but of all the serious diseases Dr. Clarke said this disease is "the most hopeful and curable of all serious diseases."

Dr. Clarke said science has found an absolute, positive cure for the disease in its early stages. The treatment skillfully given by any practicing physician will result in a positive cure in one year or less in cases where it is discovered in its early stages. In its late stages science has found no positive cure for the disease, but, he said, it can be arrested. He said that the disease destroys tissues that cannot be replaced in late stages of the disease, but that treatment can stop its spread. Treatment cannot restore the destroyed tissues, but it can prevent destruction of any more tissue, and drive from the body the remaining germs. He said the disease in its late stages is comparable to tuberculosis. Tuberculosis can be arrested, but science has found no way to replace the destroyed tissues.

The sensible thing for society as a whole to do, Dr. Clarke believes, is to forget that the disease in nearly every instance is encountered by close contact, and to discontinue covering up information regarding the disease.

"The best way to control and eradi- ate this disease, which yearly takes n enormous toll economically, by xing the insane asylums' capacity, y wrecking homes and sending into ie world babies that are idiots and abies with twisted bodies, is to tell ie people about it. With full infor- ation regarding its horrors, the con- cts that result in its contraction will reduced. With full information garding its cure, the mortality rate ill be decreased, the number of in- ne lowered, with a resultant heavy crease in expenditure by the tax- yers for the care of the insane and ibeciles."

Work of Well-Baby Clinic Results In Decrease of Negro Death Rate

Telegraph 10-22-33

Science Is Substituted For Superstition in Treatment of Infants

By SUSAN MYRICK

A little Negress, aged two-and-a-half, sat on the table in the doctor's office at the board of public health. Her gingercake-colored skin shone with a healthy glow. Her large brown eyes rolled coquettishly. Her silky, fluffy brown hair was tied with a bit of faded blue ribbon. Her costume consisted solely of a pair of very short, starched blue cotton bloomers, fitted snugly about her fat little tummy.

"What is your name, little girl?" asked Dr. J. D. Applewhite, public health officer of Bibb county.

"Greta Garbo."

"How are you getting along?" The smiling doctor poked her with gentle fingers, felt along her little fat legs for possible indications of ill health and deftly explored the region beneath her brown throat.

The little girl grinned at the nice doctor:

"Nurse Hartley say I ain't gwine git no mo' candy."

The doctor went on with his examination, listening through his stethoscope at the tiny heart beat. Greta laughed again. The whole world was delightful to her.

"I ain't gwine give Nurse Hartley no candy, neither."

"I bet you've been eating too much candy," smiled Dr. Applewhite. "Open your moth."

Greta opened wide and displayed shining baby teeth.

"Stick out your tongue."

Candy Cure Works

But Greta didn't seem to know anything to do with a tongue, except to talk. The doctor tried persuasion.

"Let's see if you have any of Nurse Hartley's candy still on your tongue," said he. The ruse was successful and the examination was completed.

Like hundreds of other Negro children, Greta had come to the Well-Baby Clinic for Negroes at the board of health. Every Tuesday afternoon they come by the dozens for the mothers of the colored race have learned that the nurses and doctors of the public health service are their friends. Nurse Ruth Hartley, Nurse Katie Grant and Nurse Virginia Black have convinced them that a well child stays well if the doctor sees him often and if mothers follow the advice given them at the board of health.

There were 47 of them the afternoon I went to visit. The halls were full of them. Some of them were tiny infants, only a month old. Several mothers were placidly nursing their babies at the breast. There were children aged three or four and children just beginning to walk. Brown and black and mulatto colored, they waited their turns at the doctor's office.

Most of them were freshly scrubbed and shining with cleanliness. For Nurse Richards and Nurse Smith and other nurses have done a grand work in teaching mothers that cleanliness is essential for the child's health.

When the Well Baby Clinic for Negroes was established six years ago, there were few babies brought for examination. But persistent work on the part of nurses has resulted in such good that as many as 69 have come in one afternoon this year.

Death Rate Off

The clinic was established through the efforts of Women's Auxiliary to the Medical association, who came to Dr. Applewhite, asking how they might help. He suggested the Well Baby Clinic for Negroes and they equipped the rooms for the work.

Recent figures presented by Dr. Applewhite are startling as to the results of the clinic. Whereas the death rate for white babies in Bibb county is 35 in every 1,000, the death rate for the Negro babies who have not been to the Well Baby Clinic is 90 in every thousand. The astonishing fact has been revealed that in the group of Negro babies who come to the clinic for periodic examinations, the death rate has been lowered to 23 per 1,000.

At the age of one month, the babies are first brought in for examination. All the babies which are born with the supervision of the public health nurses (and there are many of them) are "shooed into the clinic" at the age of one month, Mrs. Pat Richards told me. There they are weighed, examined and treated for any minor ailments. The mothers are given lessons and advice on feeding, clothing and cleanliness, on the importance of regularity in feedings and sleep, on the necessity for proper elimination and on the avoidance of soothing syrups and patent medicines.

Great strides have been made in substituting science for superstition in the care of the babies. The nurses at the board of health have a fascinating collection of "charms" and conjure preventives, which have been taken from the necks of the young babies brought to the clinic. Among them are such things as coon bones, bullock's root, hog's teeth (particularly the wisdom tooth of a hog) mole's feet, nine buttons on a string (the efficacy dependent upon the magic figure nine) a small bag with wood lice sewed up in it, asafetida bags, pieces of old-shoe-leather and innumerable pennies with holes punched in them so they may be strung on a string.

All Given Toxoid

The superstitious mothers are persuaded that serums are more effective than charms, that toxoid to prevent diphtheria is far better than a bag of asafetida, and vaccination against small pox is of greater efficacy than a hog's tooth.

By the time the little Negroes are six months old, all of them have been given toxoid for the prevention of diphtheria. The excellent work done by the public health service in this connection is demonstrated by the fact that the colored children in the first grades of the schools have almost all had diphtheria immunization. But half the white children who enter the first grades in Bibb county have not been immunized.

The immunization from diphtheria at an early age is of enormous importance for 80 per cent of diphtheria deaths occur before the age of six years. It is difficult to understand the neglect of many mothers in regard to this service, but the fact remains that half the white children in Bibb county, under six years of age have not had a dose of toxoid, according to Dr. Applewhite.

Toxoid is merely an exceedingly minute dose of the substance which produces diphtheria. It does not make the child ill, it produces no untoward effects and it absolutely prevents the child from ever having diphtheria. For the minute dose put into the child's arm causes his blood stream to build up anti-bodies which will drive out the diphtheria germ if it should ever gain entrance to the child's body.

Right now the health department is following up the suggestions of scientists with regard to a new type of toxoid, that immunizes after one dose instead of the two doses which were formerly given. In order to be sure that the dose is effective, the Schick test is given to the children.

Baby Given Test

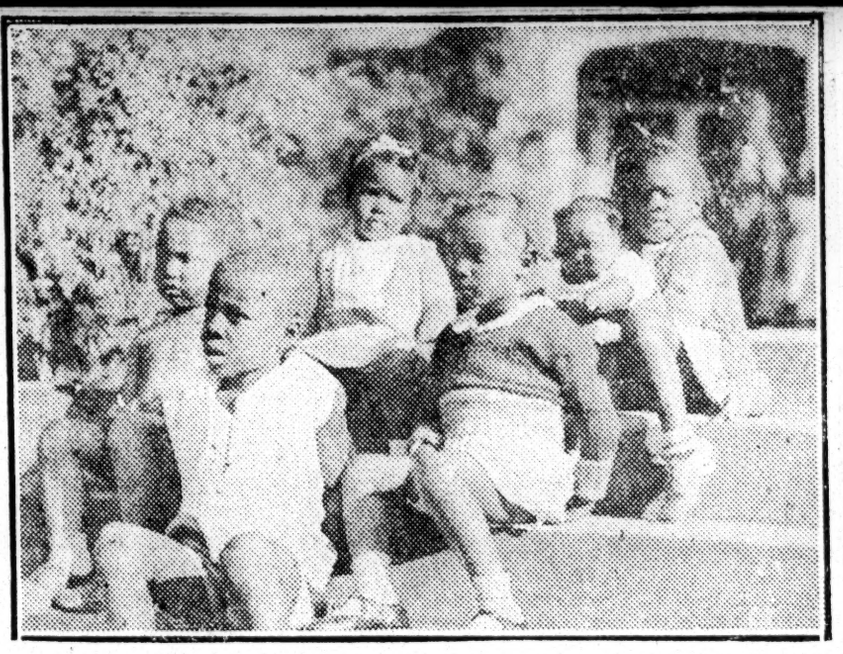
I watched while one small brown

baby was given the Schick test. While his mother held him on her lap, the nurse held his small arm firmly in her hand and gently pushed the needle in between the two layers of skin. The baby wiggled a little and fretted slightly, trying to pull his arm away from the nurse. But he never cried once. When the nurse removed the needle, there was a tiny bubble underneath the skin of the baby's forearm.

"The baby is brought back next week and we check the results of the test," she explained. "If the baby is immune to diphtheria, the bubble will have gone away and no sign of the needle's having entered will be seen. If he is not immune, there will be a small red spot, about the size of a dime."

The Schick test is merely the introduction by hypodermic needle, of a minute portion of diphtheria toxin. If the baby is already immunized, the anti-bodies which are in his blood stream carry away and neutralize the bit of toxin. If there are no anti-bodies in his blood stream, the toxin makes the red spot and shows he is not immune—that he would be an easy prey for the diphtheria germ.

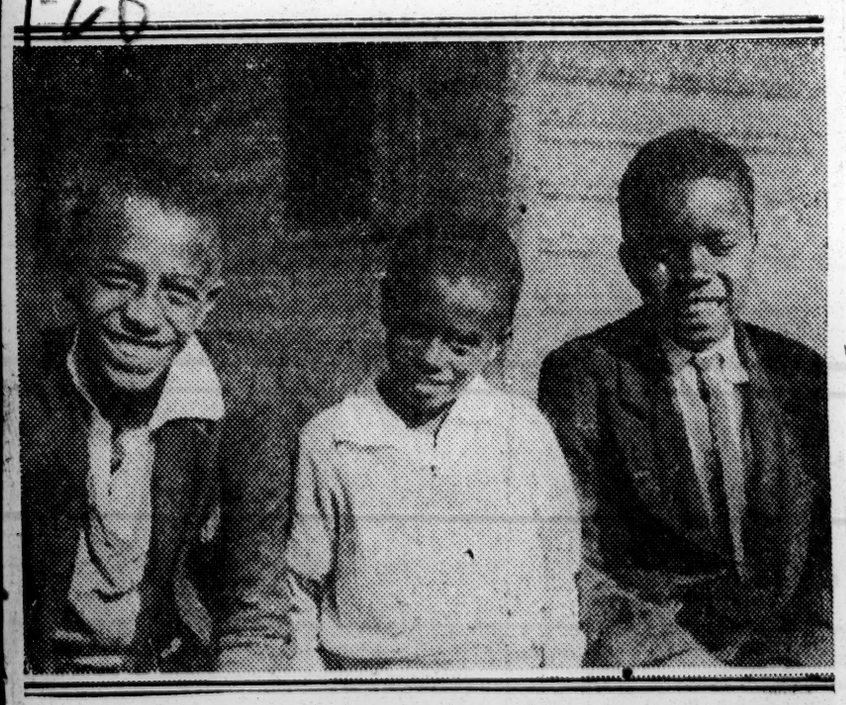
"If mothers could see just one baby with a case of diphtheria, they would speedily take the necessary steps to prevent it in their children," said Dr. Applewhite. "It is such a dreadful disease and the patient suffers so greatly that one who has ever seen it would never take a chance on her child's having it."



A group of Negro children treated recently at the Well-Baby clinic of the health department.

Macon, Ga., Telegraph
December 3, 1933

County Fresh Air School Waging Successful Fight



Shown above are three happy pupils in Bibb county's open air school for Negroes—one of only two such institutions in the entire United States. The story of this school as well as that of the white institution for tubercular children is told in Miss Myrick's article below.

By SUSAN MYRICK

Eager-eyed boys and girls sat at wooden tables in the Open Air school in Baconsfield park in Macon. Before them were bowls of steaming soup, and a wholesome sandwich lay beside each plate.

"Will you say the blessing?" invited Mrs. Arthur Baker, teacher in charge, smiling at a tow-headed little girl.

The blessing was asked and the children began eating with quiet talking and laughter. From their appearance, the visitors could not suspect that these were boys and girls in whose families stalked the dread spectre of the White Plague. Instead of pale, thin undernourished children, they were strong and healthy looking.

For the Open Air school for white children of Bibb county was established in 1922 and the county health department, co-operating with the anti-tuberculosis association has been continuously at work trying to stamp out tuberculosis in Bibb county. The children are examined by Dr. J. D. Applewhite, county health officer, the cases are followed up by the health nurses and whenever undernourished children show family history of tuberculosis, whenever there is any tendency toward the disease which has caused so many deaths, the boys or girls are sent to the Fresh Air school.

Carried to School

Each day, they are carried in the county truck to school. Each child is given a quart of milk a day. He is required to lie down on the cots on the porch, which surrounds the small wooden school room, and rest for 45 minutes, twice during the day. He is provided with a hot lunch and taught the principles of health.

In summer, those children who are not responding well to the treatment, who have not properly gained weight and who, the authorities feel, need additional care, are taken to the Open Air camp at Mountain City. There, under the care of Mrs. Baker, they rest, eat and play in the open air and, gradually, the spectre of illness and death is driven out of their lives. Instead of potential charges upon their families or the community, those children become prospective healthy citizens.

Already the good effects of the Open Air school have descended to the second generation. Some of the girls who were in the school during the first year or two of its operation, are now married and have children of their own.

Laughingly, Mrs. Baker calls those her grandchildren.

"It is gratifying to see how the mothers care for those children," she said. "They have not forgotten the principles of health which they learned in the Fresh Air school. The babies are healthy and strong. They sleep in the open air, eat the things they should eat and are kept clean and fine. Instead of having tubercular tendencies, they are healthy children."

Negro School, Too

Not only are the white children of Macon given preventive care, but the Negro boys and girls, since 1925, have received similar treatment. Enthused by a spirit of helpfulness for her race, Eugenia Hamilton, Negro school teacher of Macon, began an effort to raise money to establish an open air school for Negro children. She was president of the Federated Clubs for Colored Women in Macon and through them she raised $1,000 by means of festivals, donations, sings, concerts and in various other ways. The money was turned over to Lee M. Happ, chairman of the tuberculosis commission for Bibb county.

There was begun the Eugenia Hamilton Open Air School for Negro Children. It is one of two such schools in the United States, according to the statement of the state chairman of the association.

Not all the children who need treatment can be accomodated, but those cases which are most needy are cared for in the best possible way. The children are selected by the county health officials and they are brought to school in a truck, furnished by the board of education. The truck driver's salary is paid partly by the anti-tuberculosis commission and partly by donations from the Colored Book Lovers' club. Nurse Ruth Hartly of the county health board is credited with the promotion of the idea and she has received fine co-operation from the club members.

How is it possible to change potential tuberculosis cases into healthy, strong citizens? Because of the work of the anti-tuberculosis commission, which is composed of Lee M. Happ, chairman; James H. Porter, vice chairman; and J. D. Crump, secretary and treasurer. The ex-officio members are Mayor Herbert Smart and J. E. Yates, chairman of county commissioners.

The money which the commission received is from the sale of Christmas stamps. When yo by the Christmas seal with its double-barred cross and its silhouette of jolly fellows pulling a Christmas sleigh, you are helping to carry on the work of stamping out tuberculosis and you are helping to teach prevention.

Decrease in Disease

The effectiveness of the anti-tuberculosis commission may be judged from the fact that in 1900 the death rate from "consumption" was 202 per every 100,000 persons of the United States. In 1930, that rate had been reduced to 71 per 100,000. The decrease has been slightly raised since that time.

But tuberculosis does not kill all at once and it cannot be kept down by spurts. Health is won through long time planning and steady progress is the only way in which disease may be overcome. When you buy the double-barred cross seal, you are helping in making that progress.

The double-barred cross which distinguishes the Christmas seal of the anti-tuberculosis association has a history which goes back to about three hundred years after the time of Christ. In those days the heads of the Christian church at Jerusalem and Constantinople adopted as their emblem a cross with two horizontal bars. Later the region where they lived passed into the hands of the Mohammedans.

When the Crusaders marched to recover the Holy Land from the hands of the Mohammedans, the Duke of Lorraine saw the double-barred cross and liked it. He adopted it as his emblem. Its shape was slightly changed and it became the standard of the house of Lorraine.

During the World war, one of the divisions of the American Army, which was quartered in France, took the Lorraine cross for its insignia. In 1906, the National Tuberculosis association adopted the double-barred cross as the symbol of its campaign against the great plague.

When you buy your Christmas seals this year, buy the one which bears the double-barred cross. In so doing, you help to rid the country of tuberculosis and help to dissimnate information which will prevent the disease in your own county and state.

Health - 1933

Georgia
8

Recorder
AMERICUS
GA.
ISSUE OF

JUL 3 1933

Negro Baby Clinic

Editor Times-Recorder
Americus, Ga.
Dear Sir:

May I ask the use of your columns for the purpose of letting the public know just what is being done for the health of the negro population of the county.

Periodically, clinics have been held here for negro infants and many problems ~~that~~ had heretofore caused the unnecessary death of many children, were solved. Two local negro doctors have aided greatly in putting across a proposition they conceived and asked for aid in putting over. I am enclosing a detailed report of the work carried on in these clinics, with comments, by these two doctors, J. Russell Westheimer, M. D., and C. B. Dowdell, doctor of dentistry.

Very truly,
ABE J. DAVIS, M. D.
Health Commissioner
Sumter County, Ga.

The county health department co-operating with the negro home demonstration agent has just completed a series of rural health clinics. More than 1000 attended and more than 600 infants and children of pre-school age and school age were examined and given medical advice. Many health problems were encountered, among which the most important were: personal hygiene, infant care and feeding, balanced diet and medical care of the sick.

Much improvement was noted since last years clinics, especially in the deficiency diseases and personal appearance of the entire group showed improvement in cleanliness of person and clothing. The value of cleaning the teeth morning and night as well as after each meal along with daily baths was stressed.

The young mothers were given detailed instruction in the routine care and feeding of their infants. This included care of the mothers' breasts and nipples, manner of feeding, number of feedings, care of the infant's body etc. It was found that many infants were late in teething. Investigation revealed that the mother's diet (meat and bread only) was the direct cause of this. The question of balanced diet was readily seen to be a major problem.

During these clinics a year ago a very high percentage of the children showed definite early signs and symptoms of rickets. The publication of these facts caused much alarm. How this disease of deficiency could be prevalent in such ideal surroundings really was a problem because the prevention of such in these parts is trivial. The disease is prevented or cured by exposure to direct sun light, (or cod liver oil) and the eating of vegetables. Thus a strenuous campaign was launched to have the people plant gardens, can the vegetables for home consumption.

When the people were asked if they ate vegetables daily invariably the answer was no and the reason they gave, was that vegetables were too expensive. It is hard to imagine a people living in the most ideal spot on earth having such poor health and such a tremendously high death rate when they have the richest soil mother earth affords in which to grow all the food needed to produce strong, robust healthy bodies.

During the operation of the present clinics the percentage of ricket cases was smaller, yet altogether too high. In many cases, however, actual flexibility of the long bones and the skull was demonstrated. Such flexibility or softness is due to the failure of the bone forming process to deposit in the bones earthy minerals, principally phosphorous and calcium, which make bones hard. Balanced diet will prevent this condition.

The problem of calling a physician to treat the sick loomed large. Many deaths occur without the patient having had medical care. A sad story was told by one mother who tied garlic around her fourteen months old baby who died of pneumonia.

The purpose of these clinics is to shed light on why the death rate of negroes is so high and to work out, if possible, a program to lower the mortality.

The county Public Health Department is working out a health program which is designed to reach every rural family in Sumter. The home demonstration agent is aiding in making the contacts. This program will embrace prenatal care, personal hygiene, balanced diet and medical care for sick infants. The diet designed will replace the present meat and bread menu which robs the body of the balanced nutrition (proteins, carbohydrates, fats, minerals and fluids.) Too little or too little of these food elements over a period of time will upset the equilibruim of the body and cause serious damage sooner or later, at which time the resistance of the body is lowered, thus exposing it to the attack of disease and necessarily shortening life.

The public is invited to attend these clinics, which are held annually.

Americus Times-Recorder
July 6, 1933

Negro Baby Clinic

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The public is invited to attend these clinics, which are held annually.

Decatur, Ga., Dekalb New Era
August 31, 1933

DECATUR LEMON PARTY IS TO BE HELD ON SEPT. 9

ENTIRE CITY INVITED TO AFFAIR TO RAISE FUNDS FOR DENTAL CLINIC.

Seeking now to find some way to support the colored Dental Clinic which they organized and opened for the first time last week, the Business Women's and Young Girls' circles of the First Methrodist church will sponsor a big open air lemon party on the vacant lot at the corner of Trinity place and Church street on the afternoon and evening of Saturday, September 9.

Miss Anna Thurman, social service chairman of the Business Women's circle who has been in direct charge of the opening of the clinic, made this announcement Tuesday. She said all Decatur would be invited to the party and that proceeds would go solely to the upkeep of the clinic.

Each guest coming to the party, she said, should bring a lemon or, forgetting it, may buy one at the entrance to the grounds. This lemon, as is the custom at lemon parties, will be cut open by an attendant and the guest will pay a penny for each seed found in it.

In adition to the fun which thi feature of the party is expected t give the guests, there will be for tune telling, horseshoe pitching and fishing of a kind. There als will be cake and candy sales. Musi will be furnished.

Since the announcement wa made last week that the denta clinic had been opened by th Methodist organizations, consider able interest has been aroused i the movement and numerous peop have inquired as to the means supporting the institution. Th members of the circle think litt difficulty will be experienced in ge ting the people of Decatur interes ed in th project sufficiently to co tribute to its upkeep.

Augusta, Ga. Chronicle
September 7, 1933

DEATH RATE HERE AMONG WHITES IS 7.4, SAYS GORDON

Negro Rate in Augusta Is 31.1 Per Thousand Population, He Announcse

Harry Gordon, local registrar of vital statistics, said yesterday that Augusta's death rate for the month of July was 12.5 per thousand population. According to races, Mr. Gordon said, the records indicate the rate among white people was 7.4 per thousand, while among Negroes it was 31.1.

Mr. Gordon explained that the death rate for any single month does not give a true picture, the period being too short to strike a fair average.

The registrar furnished these figures when advised that a large insurance company had reported the death rate among its policy holders throughout the country for July at 7.4, the same figure shown for white people in Augusta.

Savannah, Ga., News
September 25, 1933

PUBLIC HEALTH INSTITUTE OCT. 2

Leading Physicians to Lecture to Negro Doctors

AT CHARITY HOSPITAL

Dr. Walter Clarke, Noted Authority, To Be Here

An event of unusual significance for the public health is a medical institute for negro physicians to be held at Charity Hospital during the week of October 2 to provide opportunity to acquire the newer knowledge and techniques which have developed in late years in the diagnosis and treatment of syphilis.

The problem of syphilis is recognized as probably the major one in the field of public health today. The medical knowledge and means for its control are at hand. If they could be generally and effectively applied, the disease could be stamped out in a comparatively short time, is the statement of the American Social Hygiene Association.

There are as yet great obstacles to such effective application of medical knowledge and means. One important need is the more general adequate equipment of the members of the medical profession for dealing with this infection. The coming institute will provide opportunities to negro physicians to study the latest method of diagnosis and treatment. Emphasis will be placed particularly upon practical procedures

Lectures and demonstrations will be given by a corps of physicians of the city and state including Dr. Lee Howard, Dr. S. F. Rosen, Dr. H. F. Sharpley, Jr., Dr John Howkins, Dr. T. J. Charlton, Dr. V. H. Bassett. The program has been developed by Dr. John K. Train. These will be assisted by Dr. Walter Clarke, in charge of medical and public health activities of the American Social Hygiene Association which is co-operating in organizing the institute. Dr. Clarke is a leader of wide experience in this field of medicine in this country and abroad. He holds an impressive array of degrees from American and British universities and colleges.

[illegible]
September 26, 1933

STRIKING AT A PUBLIC MENACE

During the week beginning October 2 a medical institute for negro physicians will be held at Charity Hospital for the announced purpose of enabling the presentation of the latest and most approved methods in the diagnosis and treatment of syphilis. Lectures and demonstrations are to be given next week by several leading physicians of the city and state, the program having been developed by Dr. John K. Train. Assisting in the plans is Dr. Walter Clarke, in charge of medical and public health activities of the American Social Hygiene Association, which is co-operating in organizing the institute.

This laudable move on the part of the medical men should receive heartiest commendation from the public. Fervently it is to be hoped that it may be prolific of highly successful results and may be followed up with concerted action toward checking and eventually eradicating so far as humanly possible a disease, which statistics of the city and county health department show is most highly prevalent, especially among the colored population of the community.

Standing out like a lighthouse is the assurance that the disease can be controlled, if a systematic course of procedure is adopted and proper facilities are provided for battling with the infection. It is high time for an awakening to the importance of education along this line and radical means should be adopted, if necessary, to bring about the desired results. It is a situation to be dealt with fearlessly and unceasingly and if, as a result of the health institute next week and the efforts which follow, the city's health statistics make a better showing next year, those who are backing the movement will be entitled to the unlimited gratitude of the people of the community.

It is believed that the negro physicians will welcome the opportunity of acquiring latest scientific information and of cooperating in a movement which means so much toward the salvaton of their race, through the improvement of sanitary conditions. It is generally conceded that the problem is topmost among those which confront those laboring in the field of public health. The statement of the American Social Hygiene Association that if the means at hand could be generally and effectively applied the disease could be stamped out in a comparatively short time is a sufficient incentive to the spurring of efforts toward achieving this goal.

Lectures and demonstrations are to be given by Dr. Lee Howard, Dr. S. F. Rosen Dr. H. F. Sharpley, Jr., Dr. John Howkins Dr. T. J. Charlton and Dr. V. H. Bassett.

Health-1933

Indiana

EXTENDED HEALTH CAMPAIGN REACHED 25,000 PEOPLE FINAL REPORT SHOWS

Health ideals were given a substantial share of community attention recently during the city-wide observance of an extended national Negro Health Week, to which was added National Child Health week, the Spring Health Educational campaign of the Tuberculosis Association and the local clean-up, paint-up campaign of the Junior Chamber of Commerce.

Final report of a joint- committee headed by Rev. Henry L. Herod indicated that never before has such a varied program reached and interested as many people of all ages and classes. Fully 25,000 people were made "health" counscious as result of the five weeks' activities.

Summary of the activities over the campaign for good health period from April 2 to May 8 shows that;

Projects on health in 15 schools for colored children. This included playlets, exhibits, health parades, lectures by physicians, dentists, nurses, compositions, demonstrations.

Health programs arranged in more than 50% of the colored churches with physicians, dentists, nurses and ministers as speakers.

Co-operation and support from the Aesculapian Medical Society, Dental and Nursing professions whose members gave generously of their tmie and efforts.

Letters sent by the chairman, Rev. Henry Herod, to every colored minister in Indianapolis and Marion County, asking their co-operation, and enclosing suitable material on health from which they could prepare a talk for their congregation in case they did not ask a physician to speak.

Many ministers prepared a special sermon on health.

Approximately 200 talks on health were given during this observance.

About 15,000 pieces of literature, playlets, posters, health songs, seat work and pamphlets were given out during the week. This material was furnished by the Marion County Tuberculosis Association, the State Baord of Health, Metropolitan Life Ins., Co., and John Hancock Life Ins., Company.

The Baptist Ministerial Association, which represents 40 churches in Indianapoils voted to give their full support to this movement.

The Interdenomination Association of Ministers pledged their support to this observance. Represents 16 churches, as listed in the church directory.

The Federation of Negro Women's clubs, co-operated to the extent that most of the clubs in the Federation heard at least one health talk.

The Phyllis Wheatley Y. W. C. A. and the Senate Avenue Branch of the Y. M. C. A, gave wholehearted support to this movement and with the co-operation of the medical and dental professions arranged for health examinations of many of their members or held special health programs

The Flanner House, a community center for Negroes, devoted time of their entire staff to health during this period. They received assistance from St. Vincent's Riley and the Methodist hospitals, through demonstrations given by their nurses. The Public Health Nursing Association, the Marion County Tuberculosis Association, the State Board of Health and the Medical and Dental Societies assisted the Flanner House in their health demonstrations.

Special program for babies and parents arranged at which time 450 women were instructed in child care. 86 babies who attend the baby clinic at Flanner House, were examined and 9 prizes awarded in the baby contest.

Approximately 8,044 school children participated in this health program.

It is estimated that approximately 25,000 people were reached during the week by either talks, literature, motion pictures, etc., during this observance.

The outstanding feature of this observance was the number of splendid playlets written by the schools themselves. In each playlet one special phase of health was emphasized such as immunization, vaccination, teeth, rest, food, sunshine and health habits.

Many schools stressed the cleaning of yards, making of gardens and a general improvement of the premises surrounding the homes.

The reports from the Free Kindergartens of Indianapolis showed that 36 colored children received the blue ribbons and 40 received the red ribbons. The blue ribbon shows that the children have been immunized against diphtheria, vaccinated against smallpox and remedial physical defects corrected

Health-1933

Kentucky

Lexington, Ky., Leader
August 14, 1933

TUBERCULOSIS

Tuberculosis remains one of the most dreaded of diseases and while cancer and degenerative diseases cause more deaths, it is still high in the table of those maladies which cause the largest number of deaths annually in the United States.

Tuberculosis, among white persons, has reduced the average expectation of life by one and one-tenth years. Its incidence is greatest up to the twentieth year of life. While among whites the death rate from tuberculosis is about 60 per 100,000, among Negroes it is far higher, and in Fayette county runs to 200 per 100,000, as The Lexington Leader recently pointed out.

The rate in the entire south is greater than in the northern part of the United States because 80 per cent of the Negro population is found in that area. The Negro death rate is from two and one-half to three times that among the whites. Economic strain and poor living conditions have much to do with this, but it must not be forgotten that the Negro is much more susceptible to tuberculosis and has it in more violent form than the white man.

Yet the reduction in the mortality rate among Negroes in the period between 1911 and 1926 amounted to 44 per cent, which is very significant. It demonstrates what can be accomplished even by a very inadequate program of work for this group.

This encourages those who have for a long while advocated the building of suitable quarters for Negro patients at the Julius Marks Sanatorium. It is a matter of social expediency as well as humanitarian policy that this should be done. The people of Lexington should protect themselves against the menace of tuberculosis which is so rife among the Negro population of the city, and consider seriously what it means to have persons incipiently afflicted or with moderately advanced cases of the disease working in the homes and in close contact with members of the families where they are employed, particularly with the children whom they nurse.

From every standpoint it is a problem which should be adequately dealt with, not only by furnishing proper facilities for hospital treatment for those who need it, but by the rigid application of the sanitary code, the removal of slum areas, and the improvement in the living standards and conditions of a large part of the Negro population of the city.

It is entirely feasible to secure money from the federal government for the purpose of providing a proper building for Negro patients at the sanatorium, 30 per of it an outright gift and the balance in the form of a loan to be repaid over a long term of years at a low rate of interest. If it is to be the policy of Lexington to use some of the money appropriated by congress on such terms, then this is one improvement which should by no means be overlooked. It is a matter of vital importance.

Lexington, Ky., Leader
August 18, 1933

AN INTERESTING LETTER

The editorials in THE LEXINGTON LEADER proposing that facilities for the treatment of Negro tuberculosis patients be provided at the Julius Marks Sanatorium, have brought to this newspaper an interesting letter from a white patient at that institution, a young man ambitious and capable, who, without warning, has been stricken with the malady and is now under hospital treatment.

He warns everyone that there is no immunity from the disease merely because a man, woman, or child may have a good physique and apparent good health. The disease is no respecter of persons or of homes, of race, color, or condition.

The maintenance of sanitary conditions is of vast importance and "a great protective device," and tuberculosis thrives in direct proportion to the absence of such conditions. There are slum areas where it is certain to take heavy toll. In these areas large numbers of Negroes live. Many Negro citizens are living in good houses, on good streets, and are very particular about cleanliness and have good clothing and good food. But thousands of the race are so conditioned economically that they can only afford to live in poor neighborhoods, on narrow streets or alleys, in tumbledown houses, often little more than shacks, where there are no sewers and where there is no possibility of establishing sanitary arrangements.

At the santorium only eight Negro men patients and eight Negro women patients can be accommodated in one of the pavilions, but such patients can be taken only if they are in the early stages of the disease. The more advanced cases, therefore, must be left to shift for themselves. They remain at home, or go out to work, or move about the streets and travel in public conveyances from place to place, so spreading the germs of the disease about.

Because tuberculosis is spread by contact, all who are affliicted with it should be segregated and hospitalized if it is ever to be stamped out and if the public are to be protected. Tuberculosis is being carried into the homes of the people. It is being spread by those who should be under treatment, and who, in many cases, could be cured, but who, left unaided, will become victims of this plague. Disease has no deadline to stop its advance. All insanitary conditions, all human wretchedness, ignorance, and disorder, all neglect of the public health and of the principles of sanitation on the part of the community, inevitably result in tragedies involving all classes alike.

The sanatorium of which Lexington and Fayette county should be justly proud, is not equipped to take care of the very large number of Negro tuberculosis cases, nor has it a central heating plant, very greatly needed. Its facilities generally should, in the interest of the entire population, be much extended and improved.

LOUISVILLE, KY.
HERALD POST

AUG 29 1933

NEGRO MORTALITY FACTOR.

YOU may hazard the guess that Louisville's higher rate is due to the greater proportion of deaths among Negro babies. And that is true to a degree. But the city of Chicago has almost as large a Negro population as the entire state of Kentucky. And excepting San Francisco, Los Angeles and Boston, all of the cities named have a large Negro population.

In Louisville the white baby death rate is 61.8 as against 68 for the previous year, and its Negro baby death rate is 114.2 as against 140 for the previous year. This makes the combined rate 68.9 as against 77.9 for the previous year. That is a noteworthy improvement, but it leaves plenty to be done in the future. The Kentucky rate, much higher than the national rate, is nothing to be proud of.

The rate for the country is the lowest in history, just half what it was twenty years ago. It appears—for some unknown reason—that the depression has been good for the health of babies as it has been for the health of adults, according to the United States Census Bureau, which has supplied these data.

Health -1933

Louisiana

NEW ORLEANS, LA.
TRIBUNE
APR 4 1933

THE NEGRO'S HEALTH

NEW ORLEANS colored folks, as well as others all over the Country, are concentrating their attention this week on Negro health and hygiene. They will undoubtedly have the fullest co-operation from City and State health authorities and should receive all the assistance and encouragement that anyone else can give them.

Special programs are in progress in schools and churches. The Flint-Goodridge hospital is conducting instructive clinics each day from 8 in the morning until 8 at night, with four hours out for meals and recess.

Great improvements have been made in New Orleans during late years in this field. The health and wellbeing of our Negro citizens is closely related with that of all our other citizens. Further advance will redound to everybody's benefit.

Health - 1933

Mississippi.

Jackson, Miss., News
May 21, 1933

Negroes Hold Health Day

PRENTISS — (Special)—Negroes of the Mt. Zion Vocational school of which J. E. Clark is principal, rendered a May Day Health program under auspices of the negro midwives of the county. The program covered health plays and a pageant. H. A. Lucas, negro home demonstration agent in the county, discussed food values. Resolutions were adopted urging the people of the community to cooperate with the health officers and with the county agents in cultivating gardens and canning all food products possible.

Health-1933

Missouri

COMMITTEES APPOINTED TO PLAN HEALTH WEEK PROGRAM

Committees have been appointed by the health conservation association, a division of the Kansas City Tuberculosis society to work out a program for National Negro Health Week to be observed throughout the county April 2-9.

The purpose of health week is to bring before every family information concerning private physicians, clinics, hospitals and welfare stations so that every citizen will be able to use the health services provided in the community.

The executive committee for Health Week is composed of Herbert S. Jones, chairman, W. H. Harrison, Dr. E. B. Perry, Mrs. Sarah Radford and Miss Marion Ferguson. The other committees are made up of representatives of schools, churches, medical and civic organizations. They are:

Medical, School, Clean-Up

Medical committee: Chairman, Dr. P. C. Turner, superintendent of General hospital No. 2, Dr. J. E. Dibble, Miss Bessie Lee, Mrs. Minnie Crosthwaite, Dr. J. E. Perry, Dr. W. H. Bruce, Dr. L. W. Turner, Dr. E. B. Perry and Dr. A. B. Troupe.

School committee: Chairman, Earl Beck, principal of the Jackson County Industrial Home for Negro Boys; E. O. Boone, James A. Jeffress, H. O. Cook, W. H. Harrison and Dr. Frederick M. Smith.

Clean-Up committee: Chairman, Mrs. W. H. Harrison, garden chairman of the Association of Colored Women's clubs, N. S. Adkins, G. C. Dorsey and C. A. Renfro.

Committee on industry: Chairman, W. Robert Smalls, executive secretary of the Urban League, Roy Barker, T. B. Watkins, Elmore Williams, Mrs. W. H. Bruce, D. W. Wilhite and H. W. Sewing.

Civic committee: Chairman, Mrs. Pearl Linder, health chairman for the Association of Women's clubs, Miss Elsie Mountain, Mrs. Vera Myles, Mrs. Sarah Radford, Forest Smith, Fred Dabney and L. A. Knox.

Church committee: chairman, the Rev. M. L. Mackay, president of the Ministerial Alliance, the Rev. Irvin E. Deer, the Rev. D. A. Holmes and the Rev. J. W. Hurse.

Housing Survey

The committee on industry and the Urban League are sponsoring a health and housing survey in connection with Health Week. It will include the district from Fifteenth to Twentieth streets and from Troost avenue to the Paseo. Mrs. Camille Webster is in charge of the field work. The other workers are Mrs. Roberta Nelson, Miss Cecil Nicholson, Mrs. Emily J. Hall, Charles Toms and Miss Rita K. Ashby.

The project is under the direction of W. Robert Smalls. Sociology students at the Junior college are also doing supplementary work under Professor W. A. Lewis, head of the department of sociology.

Forum March 19

A Health Forum, by the civic committee, will be held March 19 at the Paseo Y. M. C. A. from 4 to 5 p. m. Dr. Sara Brown of Washington, will be the speaker. The Kansas City Medical society and the staff of the Health Conservation association will be guests at the forum. A musical program and tea will follow the meeting.

A sub-committee will be appointed by Mrs. Linder to work with the civic committee, one member being chosen from each part of the city.

Although the same general plan of organization will be followed in all schools throughout Health Week each school will be encouraged to express its own individuality in preparing special features for the week's program.

COLUMBIA, MO.
MISSOURIAN
JUL 21 1933

Protect the City's Health!

MORE than two weeks ago about fifty complaints made against persons maintaining insanitary property were referred to the city attorney by the City Council for action.

This move was taken after numerous fruitless attempts by city health officers, stretching over a period of five years, to persuade property owners to make badly needed sewer connections. Five years of delaying excuses and direct refusals have halted the progress of city health. The whole distasteful scene of property owners resisting legitimate attempts to raise city health standards has finally culminated in conditions of such potential danger to the rest of Columbia that the city attorney has been asked to take action.

Indigent residents; men who have had no jobs over a long period, should not be blamed. They are not financially able to install adequate plumbing facilities. But advice from medical sources and a small amount of aid from charitable groups should enable this class of property owners to establish conditions which would be much less a menace to the city's health than those now prevalent.

Some property owners, with the interests of the community at heart, have determined to correct insanitary conditions which are found on property paying them a suitable income. These few citizens are to be commended. They are sacrificing, to some degree, financial advantages in order to protect the health of the city.

There seem to be, however, a few investors in property in the Negro section of Columbia who have made no attempts to correct the conditions found on their land. Sanitary regulations have been laid down. The city attorney has been instructed to prosecute when necessary. It is now up to those owners who are financially able, to correct the evils which threaten the health of every citizen. Columbia has an adequate milk ordinance and it is enforced. It is of as much importance to enforce strict sanitary regulations throughout the city as it is to make certain the children of the city are furnished with pure milk.

Complacency of the public can be accounted for only by lack of knowledge of the true menace. Danger to the whole city is veiled by the slow development of non-traceable diseases. The danger is as real here as in the invisible peril of contaminated milk. Can it be possible that our relief over the removal of this recent threat has dulled our minds to new evils?

No one is immune. Because the danger operates subtly, it is all the more to be feared. Health officials have exhausted their power and have turned to the City Council for assistance. Immediate response was made in the council order to extend water lines to property boundaries, making it possible to install plumbing at nominal cost.

Enforcement of the sanitary ordinance now rests with the city attorney. He should start immediate action against property investors who have defied the limited power of the health department for years. Protect the city's health!

COLUMBIA, MO.
MISSOURIAN
JUL 6 1933

The City's Health

THE City Council Monday night voted to extend the facilities of the city sewerage system to property lines of people not now complying with the sanitary ordinance. This move is a step in the direction of a reasonable enforcement of the city ordinance.

Some of Columbia's residents are unable, because of the strain of financial conditions at the present time, to install home plumbing systems which will fully comply with the city's sanitary code. The council acted wisely in ordering the city system extended to the property lines of these citizens—making compliance with the code much easier.

Councilman O. R. Johnson urged the council to be lenient in the enforcement of the sanitary code. In the greater number of cases, individual property owners have failed to comply not purposely, but because of necessity. The city is to be commended for co-operating with residents who have been hard hit by economic conditions.

But another step should be taken. Columbia's Negro residential section is a breeding place of ill health. Many homes in this section of the city are rented by poor tenants and owned by investors who are fully able to provide adequate plumbing and sewage disposal equipment. Rigorous enforcement of city sanitary provisions should be directed against the owners of such property.

The health and well-being of the entire city may be menaced by insanitary conditions prevalent in a part of the Negro section. Health authorities have determined the average range of the house fly, most prevalent carrier of disease germs, to be one and one-four miles. The attitude of several property owners in not providing adequate sewage facilities for their houses is a menace to Columbia's health.

Action against such indifferent property owners should be taken and the city sanitary code enforced. The city has placed its facilities within their reach. It is time owners of homes who have the means to do it should comply. The health of a city may depend on the action of a few. They should co-operate.

SLEEPING SICKNESS ADDS ANOTHER NEGRO TO ITS DEATH TOLL

St. Louis Dispatch
7-23-33
St. Louis Mo.

With deaths from sleeping sickness mounting, authorities have launched a fresh effort to find a means to check the malady. The total deaths have risen to close a score and the number of cases to more than 350.

One of the first persons to die from the disease was a Negro. This week Mrs. Clara Green, 43, a colored resident of Brentwood was reported to have died from the disease. Several scores of Negroes are among those afflicted, most of them living in the county.

Seek To Solve Sickness

Purchase of monkeys for laboratory work here on the disease was authorized by Surgeon General Cumming, who gave the order by telephone from Washington.

Dr. J. P. Leake, senior surgeon of the Public Health Service, is here helping local authorities.

Following a conference with his research staff, Surgeon General Cumming considered sending a pathologist to join Dr. Leake his expert on the little-understood group of epidemics including encephalitis.

The Mound City Medical Forum, of which Dr. W. A. Younge is president, has issued warning for individuals to get plenty of rest and eat wholesome food to keep up their resistance.

Health - 1933

New Jersey

JERSEY CITY, N. J.
JOURNAL

OCT 24 1933

CLINICS FOR TUBERCULAR NEGROES.

While tuberculosis among whites in New Jersey is being cut down, the dread disease is claiming an increasing number of victims among the colored population. Dr. J. Lynn Mahaffey, state health director, comes forward this week with the jarring news that while only 52 white people in each 100,000 population died of tuberculosis in 1932, 262 Negroes died of the white plague.

In Newark, the rate among Negroes rose from 407 to 442 per 100,000 population; in Jersey City, from 281 to 294; Trenton, 238 to 347; Camden, 172 to 273; Elizabeth, from 208 to 273; in Atlantic City, where Negroes compose a larger percentage of the population than in any other municipality in the state, the rate decreased slightly, from 229 to 224.

These figures point to the need of more strenuous efforts to check the disease in its incipient stages. It is in that connection that the establishment of more clinics for the colored people might serve a very useful purpose in New Jersey. The situation certainly justifies extraordinary measures.

Health - 1933

New York

NEW YORK TIMES

JAN 20 1933

A TEN-YEAR ACHIEVEMENT.

Reducing the actual number of deaths due to diphtheria from thirty-two to one in the area of the East Harlem Health Centre during the ten-year period 1923-33 may be set down as an almost 100 per cent successful experiment. The showing for other diseases is not so striking, but when all the conditions are taken into account the triumph of the effort in promoting health through the active cooperation of the public and private agencies is one not only for local celebration but of general interest. If 2,000 persons are living in East Harlem today who would have died had the death rate in this area kept pace with that of the rest of the city, the inference is one to give us pause. If, in a section of the city where the foreign population is large, where incomes are low and where diseases thrive best, this result can be accomplished, it implies that with like cooperation there might be equal saving of life in other districts. The example of the East Harlem Health Centre has, as Dr. WILLIAM H. WELCH said yesterday, speaking as the former head of the Johns Hopkins School of Health, "a far-reaching significance" in illustrating what can be done when there are cordial relations between the medical profession, the public health authorities and the private health agencies.

The district lying between Ninety-ninth Street and 129th Street east of the "Negro City of Harlem," and embracing a population of 100,000 men, women and children, is a place where many Old World trails meet, reaching back to Italy, Austria, Hungary, Germany, Rumania, Russia, Poland, Great Britain and Ireland. Of late there has also been a decided influx of Puerto Ricans. All of Harlem's "Little Italy," which is said to be the largest community of its kind in the United States, lies within its borders. With such a diverse population the experiment has been made with such success that the city has adopted a city-wide program of neighborhood health centres. Under that plan this pioneer centre becomes a permanent unit, with a new building for continuing the work with the help of private contributions.

It is to the American Red Cross and its New York Chapter, which after the war made the promotion of health the "keynote of its program," that the credit chiefly belongs for setting up and coordinating the activities that found shelter in a building provided by it in the heart of East Harlem. It is one of the foremost achievements of the Red Cross in peace.

Health -1933

North Carolina

Greensboro, N. C. News
Wednesday, [illegible]

SAVE QUI PEUT.

We see by the Raleigh News and Observer, which counsels against the step, that the Wake county board of health plans to drop its one negro public nurse while retaining the services of four white nurses and its present office force.

The Raleigh press will hardly need the good offices of its upstate contemporaries to prevent this obvious indecency, but the wonder to an outsider is how the board of health ever got that way.

A goodly third of Raleigh's population is composed of negroes. These are hardly less subject to disease than white folk, and the presumption would be that they were more poorly prepared to provide themselves with private nursing facilities. It is true enough that in proportion to their means, and even time, negro neighbors are generally more helpful than the average run of white people—they are more accustomed to privation and want, spendless time at bridge, the talkies and the legislature—but as a sheer matter of safety first the state capital cannot and, of course, will not abandon its efforts to care for its colored people who in sickness become public charges.

There might be in this startling illustration of economy become pusillanimous something for the legislature to ponder over. These be no times to cripple or seriously curtail public health activities. Epidemics show no disposition to deal more leniently with those who are broke financially than with the affluent. The doctrine of *save qui peut*, to which many of the legislators show a disposition to return, is singularly out of place just now.

It may well be that overdoing the business of saving one's financial life is the quickest way to lose it.

RALEIGH, N. C.
NEWS OBSERVER

JAN 30 1933

NO COLOR LINE IN PUBLIC HEALTH

Whether or not the Wake County Board of Health would be guilty of racial discrimination, it would be taking a perilous course if, in meeting its diminished budget, it should dispense with the services of its only Negro health nurse, while the four white health nurses are retained.

No racial line can be drawn in public health. The disease that begins in black shanties under the railroad tracks will respect no color line no matter how sternly drawn. The health of the black third of Wake County's population is a matter of vital concern to the white two-thirds of the people.

This is not to suggest that the Wake County Board of Health is not giving serious consideration to the matter. Its position is difficult. For two years as its appropriations have decreased it has cut elsewhere and kept its personnel intact. Now the point has been reached when expenditures can only be reduced by a reduction in the number of its staff. The one Negro health nurse has been chosen for elimination in the belief that while white nurses can work with Negroes, the Negro nurse cannot work with whites.

This Negro nurse whose place it is proposed to abolish has been 12 years in the service of the county. It is today her duty to supervise the public school work and general health work among 33,916 Negroes, while the four white nurses do the same work for 60,827 whites. In following up tuberculosis cases she goes into Negro homes. With the other nurses she bears an equal share in the midwifery instruction and supervision.

The Board of Health found the services of a Negro public health nurse essential before it found it essential to have the services of other workers, technical and clerical, whom it is proposed to retain. It would be a mistake to first dispense with one of those who were earliest deemed essential. If reductions must be made in the personnel of the Board of Health, it would be a safer rule to retain to the last the services first regarded as essential.

Greensboro, N. C. News
April 4, 1933

DR. DAVIS TALKS ON HEALTH PRINCIPLES

Speaks At Opening of Negro Health Week At A. and T.. Ellis Corbett Heard.

In the opening exercises of negro health week, Dr. R. B. Davis, of this city, addressed the A. and T. students in chapel Monday at noon on "The Main Principles of Health." He told of the great value of observing in daily life the simple rules of hygienic behavior such as drinking clean water in small amounts throughout the day, sleeping with windows open wide, and eating well but sparingly. Dr. Davis defined hygiene for the audience and insisted that pure animal instinct should normally regulate one's health behavior but under modern civilization, education alone can give one knowledge of these principles.

On the same program was a second speaker, Ellis Corbett, a recent graduate of the college, who urged the students to support insofar as they can, negro journalism. "The continued existence of organs for negro expression and thought," he said, "is increasingly dependent on the support of members of the race."

[illegible]
April 5, 1933

Health Pictures

Several hundred negroes last night witnessed the health picture "Deferred Payment" at St. Luke's church. Dr. Foster Burnett and Dr. J. S. Roseman explained the picture. The movie will be shown again tonight at Mt. Zion church. Negroes here are observing national negro health week.

RALEIGH, N. C.
NEWS OBSERVER

APR 23 1933

MATTERS OF NO CONSEQUENCE.

Asheville Times.

Among those things done that ought not to have been done by the Legislature, the defeat of a bill giving control of 4,500 midwives to the State Board of Health is conspicuous. The House Committee on Health unanimously voted a favorable report, but the House promptly vetoed this intelligent attempt to save the State from its notorious record in the maternal death rate.

Addressing the North Carolina Public Health Association in Raleigh Monday, Dr. John H. Hamilton, head of the Bureau of Vital Statistics of the State Board of Health, presented this summary of the State's situation in regard to a matter of first rank social importance, as reported in the Raleigh **News and Observer:**

Child-bearing cost 600 North Carolina mothers their lives last year, he said, for a death rate of 8.5 per 1,000 live births or 30 per cent higher than the rate for the nation as a whole. The maternity death rate in England is 4.2, in Sweden, 3, and in Denmark, 2.5, he said.

Maternal deaths are nearly twice as frequent among Negro mothers as among whites, Dr. Hamilton declared, giving the following figures with the white rate first: 1927, 5.3—10.4; 1928, 7.7—11.2; 1929, 7.5—11.9; 1930, 6.7—12.2; 1931, 6.9—12.3.

Dr. George M. Cooper, Director of Maternity and Infancy Work for the Board of Health, explained that what is sought is not condemnation of the midwives, but regulation and education in better sanitary methods.

Here is another item from **The News and Observer's** report on the opening session of the Public Health Association, dealing with a matter which apparently gives little concern to a majority of the legislators ambitious to tell their grandchildren that they voted for eight months schools:

Warren H. Booker, director of the Division of Sanitary Engineering for the State Board of Health, told the health officers that one-third of the schools in North Carolina have no water supply and one-fourth have no sewerage.

The typhoid death rate for Tar Heel children of pre-school age is 4.5 per cent of the total number of deaths; for children of school age it is 36.7. "These figures tend to show that it is more dangerous to be in school than elsewhere," concluded Mr. Booker.

If Mr. Booker is correct in his figures, then the Legislature would be doing one-fourth the school population a doubly indefensible disservice in condemning them to expose themselves two extra months to the hazard of typhoid fever.

[illegible] Argus
Aug 28, 1933

Negroes Back Proposal For Home for T. B's.

Negro Woman's Club Will Aid in Buying Bed-Room Materials

Leaders among the negro race of Goldsboro are lending full support to the proposal for an isolation home for advanced tuberculosis victims among members of their race, Rev. A. J. Smith told the Goldsboro Rotary Club Tuesday evening.

Mr. Smith outlined the plan which is underway by a central committee composed of representatives from the city's various relief organizations. Under this plan a 10-room house on W. Pine street will be fitted as an isolation home for advanced patients among negroes and some 14 negroes, now dying of the disease, will be cared for there.

Cost of the home will be about $164 a month, Mr. Smith told the Rotarians. It is expected that some $84 of this amount will be secured from relief funds of the state and the city has been asked to subscribe $75 a month.

"The Negro Woman's Club," said Mr. Smith, "has $37 in its treasury It's unusual to find an organization of any kind that has money on hand, but that's the case of the Negro Woman's club and they have voted unanimously to spend this money in buying bed clothing and the like for the proposed home. The Dragon Club, an organization of negro men, has said that it will pay

Raleigh, N. C., News & Observer
September 12, 1933

TO OPEN HOME FOR NEGRO TUBERCULARS

Goldsboro, Sept. 11.—A home for advanced cases of tuberculosis among the colored people of Goldsboro will be opened as soon as a suitable building can be procured for this purpose. The city has made an appropriation of $50 a month to be used for hospitalization in this work and Federal relief funds will provide $50 a month for food and clothing.

Rev. A. J. Smith, chairman of the Federal relief committee in the city, said that a suitable house had been available, but that this now had been let for other purposes.

Elizabeth City, N. C. Advance
May 17, 1933

HEALTH DAY AT STATE NORMAL

Parade on Thursday for Promotion Health, Reduction Death Rate

Child Health Day will be observed in the negro schools of Elizabeth City on Thursday in the effort to promote better health for children and reduce the high death rate among negroes.

At 1:30 Thursday afternoon more than 1,000 pupils will assemble and march in review to the patriotic strains of music furnished by the colored Elks Band.

The parade will be given in honor of President Emeritus P. W. Moore, pioneer educator, on the State Normal campus.

The Founder's Day program will begin in the chapel at the demobilization of the parade when the pupils will assemble under the direction of Principal E. A. Anderson of the P. W. Moore School. John Davis is field marshal. E. R. Fleming, alumni president, will preside, and James A. Clark of the department of hygiene, is general chairman.

Scotland Neck, N.C. Commonwealth
July 21, 1933

MRS. TALBOT BREWER ADDRESSES GARDEN DEPARTMENT YESTERDAY

Mrs. Talbot Brewer of Raleigh was the speaker before the Garden Department of the Woman's Club yesterday afternoon when a meeting was held at the home of Mrs. W. H. McDowell.

The lower floor of the home was dressed in flowers. Vases, bowls, and baskets of vari-colored flowers were artistically arranged throughout the house.

Mrs. Talbot was introduced by Mrs. B. B. Everett. Her subject was "Garden Arrangement" and she has pictures illustrating her address.

Mrs. Everett read a paper on the "Spiritual Value of Gardening" which was written by Mrs. Dupont Thompson of Birmingham. This paper has been broadcast and given on many occasions.

Members of the Woman's Club expressed a vote of thanks to Mr. Wommack for the use of sewing machine recently when the club was engaged in the making of Red Cross garments. An invitation was extended to all members of the club to attend the out-door supper at the Scout lake next Thursday night at 7 o'clock which is being given by Mayor B. F. Bracy and the scouts.

RALEIGH, N. C.
NEWS OBSERVER

JUL 23 1933

NORTH CAROLINA AND MISSISSIPPI

Census figures for 1932 show that North Carolina can take what gratification may come from the fact that only one State exceeds its birthrate, but it cannot escape the shame of the high infant heath rate which accompanies it. Only eight States in the Union reported a higher infant death rate than North Carolina.

In the past in such matters it has been easy to attribute the high infant death rate in North Carolina to the large Negro population of the State. In 1932, however, North Carolina had a higher infant mortality rate than Alabama, Mississippi, Georgia, Kentucky, Louisiana, Arkansas, Florida, or Oklahoma.

What can be done in a Southern State to reduce the infant death rate is shown by the fact that Mississippi, a blacker State than North Carolina and a State with a birth rate almost as high as that here, had an infant mortality rate of only 54.6 per 1,000 live births while the North Carolina rate for the same number of births was 67.2.

Difference in the character of population may explain the wide divergence between the infant mortality rate of 41.5 in Oregon and 67.2 in North Carolina. But the character of population does not explain the difference between North Carolina and Mississippi. Mississippi has attained a lower death rate than the national average of 57.9, while North Carolina's infant death rate is still far above the average for the nation.

Courier-Journal
September 14, 1933

TO OPEN HOME FOR NEGRO TUBERCULARS

A home for advanced cases of tuberculosis among the colored people of Goldsboro will be opened as soon as a suitable building can be procured for the purpose. The city has made an appropriation of $50 a month to be used for hospitalization in this work and federal relief funds will provide $50 a month for food and clothing.

Rev. J. A. Smith, chairman of the Federal Relief Committee in this city, said that a suitable house had been available, but this now had been let for other purposes.

RALEIGH, N. C.
TIMES

NOV 25 1933

HOW STATE BOARD OF HEALTH COMPROMISES COMMON SENSE

It is in every way regrettable that the City of Raleigh and the State Board of Health should be at odds on such a project as a Civil Works Administration program for extension of water and sewage lines to the Lincoln and Wilson Park sections.

The Board of Health turns thumbs down on the proposal on the principle that what Raleigh needs in the matter of sewage is a disposal plant to obviate the discharge into Crabtree Creek, and so into Neuse River. It may be admitted that from the point of view of a body strictly concerned with the public health and wedded to the idea of conserving it at all costs from all possible dangers the Board of Health is on sound ground.

But the fact is that a disposal plant would cost a far greater sum than Raleigh or towns and cities immediately concerned could possibly handle in the circumstances.

There remains the need of water and sewage for these particular sections, to be linked up with the existing systems. Since the sewage system existing already is discharging into Neuse River, can it be imagined that the relatively inconsiderable extension would greatly enhance the danger?

As to Lincoln Park, it presents a problem involving, it is not too much to say, the very morality and good faith of the city. In one of several city extension campaigns this area was taken into the city limits. The clearly implied contract was that, when it became a part of the city, it should share the advantages other portions of the city enjoy.

That contract has not been carried out, not because of unwillingness on the part of the city, perhaps, but because the city found itself too poor to do what it was obligated to do, and what it should do in good faith.

For the State Board of Health to step in at this time to interfere with a project and opportunity offered by the Federal Government in our opinion does the city as a whole a great wrong.

This wrong is emphasized by the fact that Lincoln Park is for the most part inhabited by negroes, many of whom own or are attempting to buy their homes. They are subject to city tax, but they do not obtain city service. In great measure the women of the section work as domestics within the City of Raleigh. They go into homes equipped with modern sanitary arrangements. They cook meals, attend children, come into contact with their white neighbors in the more or less necessarily intimate fashion of servants. Since they cannot live in decent sanitation, their condition constitutes a continuing peril to the community at large.

The City of Raleigh plans a remedy for this situation through the only conceivable source now open The State Board of Health issues a professional veto Somebody, the Governor or other, should bring the State Board of Health to harbor in a port of practical common sense.

Health-1933

North Carolina

ROCKY MOUNT, N. C.
TELEGRAM

NOV 28 1933

A Gain For The Whole City

Were the rather large sections of this city in which there are no sewer systems connected with the city's disposal plant, it would not only add to the convenience of white and colored residents in those areas but would tend to promote the general health of the whole community. An opportunity is made possible through the medium of the Civil Works Administration for the city to obtain extensions. In Raleigh, where similar projects are advanced, the State Board of Health has turned thumbs down on the proposal, not from the standpoint that the development is undesirable but rather because of the disposal facilities that serve Raleigh.

The Raleigh Times advances an excellent argument for the extension of the system, an argument that applies here as well as in Raleigh. The paper says:

"As to Lincoln Park, it presents a problem involving, it is not too much to say, the very morality and good faith of the city. In one of several city extension campaigns this area was taken into the city limits. The clearly implied contract was that, when it became a part of the city, it should share the advantages other portions of the city enjoy.

"That contract has not been carried out, not because of unwillingness on the part of the city, perhaps, but because the city found itself too poor to do what it was obligated to do, and what it should do in good faith.

"For the State Board of Health to step in at this time to interfere with a project and opportunity offered by the Federal Government in our opinion does the city as a whole a great wrong.

"This wrong is emphasized by the fact that Lincoln Park is for the most part inhabited by Negroes, many of whom own or are attempting to buy their homes. They are subject to city tax, but they do not obtain city service. In great measure the women of the section work as domestics within the City of Raleigh. They go into homes equipped with modern sanitary arrangements. They cook meals, attend children, come into contact with their white neighbors in the more or less necessarily intimate fashion of servants. Since they cannot live in decent sanitation, their condition constitutes a continuing peril to the community at large.

"The City of Raleigh plans a remedy for this situation through the only conceivable source now open. The State Board of Health issues a professional veto. Somebody, the Governor or other, should bring the State Board of Health to harbor in a port of practical common sense."

Improvements of this nature are always desirable and if heads of relief organizations and city officials in charge of selecting projects can find a means to carry them out, they will be of inestimable value to Rocky Mount.

RALEIGH, N. C.
TIMES

AUG 15 1933

AN OLD QUESTION OF BABIES;—ONCE HERE SHOULD BE BETTER

This piping tenor, debased baritone or what have you in a voice has never been raised to join the chorus acclaiming North Carolina for that, on a time, it had the highest birth-rate in the Union.

It always has seemed in this quarter that perhaps too many babies were being born. In late years the experience of the State with its white youth taking to crime as ducks to water has tended to justify the suspicion.

But when babies are born, their advent brings the humanities into play. Every time a birth comes to pass two lives are in jeopardy. By all tenets of civilization and of society, the child needs a safe delivery; the mother needs assistance expert enough to enable her to come happily out of a natural travail.

So much in comment on a statement of Dr. George M. Cooper of the State Board of Health concerning action being taken in connection with midwives. These wise women are the popular assistants of the stork. As that bird hovers and lights, it is remarkable in what a small percentage of cases he finds a physician awaiting him. There are about 2,500 doctors in the State, but there are over 5,000 midwives.

The latter helped out last year with a third more babies than the year before. Doctor Cooper lays the trouble to the depression. Not everybody these days can indulge the service of an obstetrician. In fact, last year 26,039 mothers were delivered by midwives, 51,840 by physicians. Deliveries were made as follows by physicians: white, 45,540; Negro, 6,082; Indian, 219. In 1931 physicians delivered: white, 44,898; Negro, 7,225; Indian, 246.

Midwives in 1932 delivered: white, 8,121; Negro, 17,514; Indian, 404. In the previous year the figures were: white, 6,908; Negro, 15,993; Indian, 333.

A proposed law to regulate he practice of midwifery was killed in the last General Assembly, but still the Board of Health is tackling this vital question as best it can. As quoted in an interview Dr. Cooper says:

"We've got six nurses in the field undertaking to better the character of midwife work and they are producing good results.

"They are holding classes in various counties and are issuing, through the county health department, letters of registration to properly equipped midwives.

"The number of mothers delivered by midwives in 1932 increased by 33 per cent over the 1931 number.

"The place to start reducing the infant and maternal death rates is at the beginning.

"We hold midwifery is a necessary evil, and therefore improvement of their service is the logical thing to do."

Repeating that there is no particular popular demand for more Tar Heel babies, by all means let us try so to arrange matters as to give every baby that pops into the scene of things a fair chance. Let us see that he lives on and gets a fair shake. Let us see that his mother is not killed or made an invalid..

The State Board of Health in this matetr is getting down to bed rock.

Health – 1933.

Pennsylvania.

Tubercular Patients Need Hospital Care

Opening of Unit At Phila. Gen. Would Increase Beds

Begun Under Mackey

Hospital Supt. Strives to "Keep Wards Free Of Segregation"

DR. TURNBULL

Negro sufferers from tuberculosis will be benefited when, and if, Mayor J. Hampton Moore succeeds in getting enough funds to properly equip the splendid hospital for the treatment of the disease which now stands idle, in spite of its magnificence, on the grounds of the Philadelphia General Hospital.

For some time there has been a city-wide agitation concerning the opening of the hospital, which was erected under the auspices of the Mackey administration and which will add more than one hundred additional beds to the present quota available at Philadelphia General. The movement has been, of a necessity, of interest to Negroes because statistics show that the group is still affected by a high rate of infection and death in proportion to population.

Experience Difficulty

In addition to this fact it has been emphasized by physicians that Negro patients find it exceedingly difficult in securing anything except hospital treatment, since applications to State sanatoria are acted upon sluggishly and without any appreciable regard for the condition in which the sufferer may be.

That this slow turnover in sanatoria is a possibility, and yet perhaps, not altogether attributable to prejudice, is the opinion of Dr. William G. Turnbull, Superintendent of Philadelphia General, who looks with anxiety toward the opening of the new hospital building so that the patients now under his care may have the benefit of better and modern facilities of treatment.

Building is Modern

The new building has been constructed with every possible comfort of the tubercular in mind. The floors have been constructed or covered so as to make for a minimum of noise from walking, separate rooms have been provided for the more acute sufferers and the ultra sanitary method of cafeteria feeding installed. The ample roof of the structure offers perhaps the greatest space in this vicinity for the treatment of the disease with artificial and natural sunshine, and a floor, specially equipped, has been dedicated to the exclusive treatment of children.

ed the write: by Louis Nusbaum, ass ant to Dr. Broome, Emanuel Schoenb ger and Irwin Catherine.

Elevator Operators Newly Appointed

Speaking for Dr. Broome, Mr. Nusbaum claimed that the employees in the new building previously worked in the buildings of the different departments in scattered sections of the city and were moved into the new building when it opened. He claimed that only one employee had been hired for the new building and that was a Negro, Toler. Mr. Nusbaum, however, is slightly incorrect with his facts because the elevator operators were hired when the new building was opened as was the help in the Cafeteria department, which is headed by Clarence Kugler under the supervision of the "self made king" Merchant.

Mr. Nusbaum also claimed that Alon Freelon, an art supervisor in the Philadelphia Public School system, is an employee in the new buliding because that is his headquarters. He said he

Likes Negro Nurse

Dr. Turnbull minced no words in his personal tour of the building concerning the matters of Negro nurses and internes in the city-supported institution. "I have no personal prejudice against either a Negro physician or nurse," the superintendent pointed out. "I believe that the Negro nurse is conscientious and efficient, when well trained, and if I were ill I would just as soon have a competent one nurse me as any other."

The official further noted, however, that the addition of Negro internes and nurses in the hospital at this time would necessitate drastic changes in certain connections which the hospital has with southern hospitals whose nurses finish their work at Philadelphia General. Despite the fact that the conditions which make it impossible for Negro nurses and internes to share the opportunities for training which the institution provides were cited as being beyond his official scope, the superintendent said that he personally makes every effort to see to it that there is no segregation in the hospital.

No Segregation

In the maternity ward of the hospital, no traces of segregation were found, and although it might have been a mere matter of "arrangement" it did appear as if Negro patients to the number of five were on one side of one ward in the building given to men tuberculers. In no other section of the hospital, however, was there to be seen any obvious distinction in the matter of bed-setting.

Mackey Pleased

In commenting upon the hospital and the use it should be to Negro patients, the Hon. Harry A. Mackey, whose interest in the welfare of patients led to the erection of the building, after newspapers had condemned the situation existing at the old hospital at that time, said:

"When I planned and directed the major portion of the erection of that hospital building, I had the Negro patien[illegible]specially in mind, since I knew from my experience as chairman of the Workmen's Compensation Board that the conditions under which Negroes have to live make them more susceptible to the disease than white people."

The ex-Mayor, who was beloved by Negroes more than any other city chief, added: "I am indeed gratified to know that Mayor Moore is doing his best to open this much needed building."

The opinion that much good would be done for Negro patients if the building is opened immediately, was also held by Harvey Dee Brown, director of the Philadelphia Health Council. "It would be a splendid thing for both white and Negro sufferers," Mr. Brown noted, "but I do not believe that it would solve the whole problem, for there would still be need of five hundred additional beds in Philadelphia."

Dr. DeHaven Hinkson, who has just returned from a year's study abroad under the auspices of the Barnes Foundation, said that he believed that the opening of the new unit would do a great deal toward making provisions for the more advanced cases of tuberculosis which should not be left in homes; and emphatically held that competent Negro physicians who have had experience in the tuberculosis work should be added to the staff of Philadelphai General.

"Physicians like Dr. Henry Minton, of Mercy Hospital, and Dr. T. Spotuas Burwell have proven themselves competent in the chest work of the disease; and since the taxes of all the people are appropriated toward the upkeep of the hospital, there is no logical reason why they should not work there.," L Hinkson said.

Health-1933

South Carolina

Cleanliness Institute Material Now Limited

The Palmetto Leader

Teachers Asker To Preserve Copies In Hand

The Negro teachers of South Carolina will learn with deep regret that no more supplies will be available from Cleanliness Institute, New York City, absolutely free. Thousands of pieces of literature have been distributed by this organization to teachers through the South Carolina Tuberculosis Association. Because of radical curtailment in the work of Cleanliness Institute, Inc., due to unfavorable business conditions, The National Tuberculosis Association has been chosen by that organization as the distributor of its stock of free printed matter designed for use in various phases of health work.

According to statements made by Mrs. M. Monteith Simkins, field worker, South Carolina Tuberculosis Committee, "Teachers who have Cleanliness Institute literature should be especially careful with it, preserving copies as permanent portions of their school libraries. This literature is now available only in very limited quantities, and will be distributed through the offices of the State Tuberculosis Association at transportation cost."

Columbia, S. C. State
1-4-33

SEVEN HEALTH EDUCATION INSTITUTES HELD IN 1932

Palmetto Leader

Large Part Of Negro Population Touched

1-14-33

The South Carolina Tuberculosis Committee affiliated with the South Carolina Tuberculosis Association is glad to report that during 1932, seven two-day health education institutes sanctioned by the State Department of Health and the State Board of Education have been held for Negro teachers. These were held in the following counties: Aiken, Mrs. Annie R. Taylor, Jeanes teacher; Greenwood Through Mr. W. A. Armwood, principal, Brewer Junior College; McCormick, Mrs. M. Taggart Narcisse, Jeanes teacher; Marlboro, Miss Beulah E. Graham, Jeanes teacher; Newberry, Mr. U. S. Gallman, Jeanes teacher; Pickens, through the County Health Unit and the American Legion Auxiliary; Saluda, Mr. T. F. Hammond, Jeanes teacher.

The work promoted by the Committee has met with greater response in counties where there are Jeanes teachers. Because they see even the remote parts of the counties and the worst as well as the best schools and conditions, they are in a position to know health conditions.

These two-day sessions given entirely to health instruction are one of the main features of the work of the South Carolina Tuberculosis Association. Further institutes are planned in Kershaw, Allendale, Sumter, Chesterfield, Beaufort, and Dillon Counties.

The Negro population in the seven counties already reached is 92,716. Four hundred thirty-seven teachers and many patrons attended these sessions.

The cooperation offered by county superintendents of education and by county health units cannot be overvalued.

These institutes and many other phases of the work done by the Committee is made possible through the sale of Christmas seals.

The members of the South Carolina Tuberculosis Committee are: John P. Burgess, Orangeburg, Chairman; Dr. Durham Counts, Columbia, Vice-chairman; C. A. Johnson, Columbia, Secretary and Treasurer; Doctor L. M. Daniels, Columbia; Mrs. M. R. Wilkinson, Orangeburg; Mrs. Mary J. Miller Earle, Orangeburg; Mrs. M. Alice LaSaine, Charleston; Mrs. W. F. Holmes, Florence; W. W. Wilkins, Orangeburg; H. H. Butler, Hartsville; A. A. Sims, Union; E. Phillip Ellis, Columbia; Seymour Carroll, Columbia; J. E. Blanton, Denmark; and W. A. Armwood, Greenwood.

Mrs. M. Monteith Simkins, Columbia, is field worker.

Columbia, S. C. State
May 29, 1933

HEALTH FORCES PUSH PROGRAM

The sanitary program started April 10 by the Richland county health department for the purpose of reducing the incidence of typhoid fever is being extended into many sections of the county, according to Dr. R. W. Ball, Richland county health officer.

The Negro settlements of Arthurtown and Little Camden, where the program was started, have been rendered practically 100 per cent. sanitary, Doctor Ball said; approximately 250 open back privies have been replaced by fly-proof toilets in six weeks' time.

Today the program will be extended to Ballentine and to White Rock, and arrangements are being made to further extend it to Eastover. At the present time the program is being carried on in Arthurtown, Little Camden, Taylor settlements, Pacific mill village, Lakeview, Edgewood, Eau Claire, Camp Fornance, St. Andrews and Blythewood.

Typhoid clinics were held yesterday at the Capital City and Pacific mill villages and over 600 persons were given preventive treatment, Doctor Ball said.

Mullings, S. C., Enterprise
June 15, 1933

Health Problems For Colored People

A healthy home and healthy community means a healthy Mullins if the women of the community realize that they and their families are dependent upon the community for safety of property, health and life; that the community can provide safety and protection only in the measure in which its citizens extend cooperation and support. The community is the aggregate of its citizens, and it is weakened by the indifference of one citizen. When the women in the community realize that personal and family health are important community matters; that people may become ill and die because of community neglect; and that on the other hand, their neighbor or neighbor's child may become ill and die because of their ignorance or neglect of health rules we will make Mullins a healthy community in which to live. Each family in the community is asked to be annexed to the health band.

The five problems that you are asked to solve:

1. Sanitary conditions in and around the home—Ventilation; buildings and their furnishing.

2. To improve the method of feeding the family—Comparing the child with the adult as to body needs. Food requirements as to: age, sex, occupation, height, weight and appreciation. Needs of the body. Selection of food.

3. To create a desire to protect the health of the home. Combat flies.

4. To encourage every house wife to be a home maker and family nurse. Making the home a social center for the family.

5. Showing the importance of cloth-

Mullings, S. C., Enterprise
June 15, 1933

ADVISES NEGRO MEDICAL MEN TO LOCATE IN SOUTH

Asserting that the south offers a fertile field for negro medical men and dentists, Dr. C. Hamilton Francis of Norfolk, president of the National Medical association, urged young practitioners just starting out to locate in the south in an address last night before a public meeting of the Old North State Medical, Dental and Pharmaceutical society society at Abenezer Baptist church.

The meeting, attended by a crowd that taxed the church's seating capacity, climaxed the opening day's activities of the society's scheduled three-day session.

"I want to urge a wider distribution of negro medical men," said Dr. Francis. "At present there are but 5,000 men and women serving a population of 12,000,000 and the vast majority of those are centered in the east and middle-west. I believe there is a great opportunity for the negro professional man who comes south today."

Dr. Francis urged the dissemination of hygienic knowledge through public schools and colleges to combat what he termed the abnormally high death rate among negroes. He also urged for economic reasons, group practice by negro medical men, that is practicing by a number of physicians under the same roof.

Mayor Arthur H. Wearn made a short address, welcoming the negro professional men to the city. Thomas Watkins, D. D. S., presided, and a number of other speakers were heard. Music was provided the Second Ward high school orchestra.

A surgical clinic at Good Samaritan hospital this morning at 7 o'clock will open activities for the second day of the meeting.

Spartanburg, S. C., Herald
July 8, 1933

CAMP FRIENDSHIP TO OPEN TUESDAY

Camp Friendship, nutrition camp for negro children, will open Tuesday, July 11, Mrs. T. Frazier James, executive secretary of the Spartanburg County Tuberculosis Association, announced yesterday. The camp is said to be the only project of its kind in the United States and will be conducted in the community center on Brush Street.

For the first weeks of operation, the camp will be given over to negro girls who are undernourished and in need of the healthful routine in vogue at the camp. Because of additional facilities at the camp, Mrs. James announced, it will be possible for the Tuberculosis Association to care for a larger number of children than in bygone years. The camp has been in operation for three years and has aided hundreds of undernourished children to win their way back to health and happiness.

As soon as the girls' stay at camp is completed, the Tuberculosis Association will turn Camp Friendship's facilities over to boys, and all who wish to enroll for camp are urged to file application at the offices of the Tuberculosis Association on East Main Street.

Nourishing food, interesting games, regular hours and constant supervision by health authorities combine to make Camp Friendship an exceptionally useful institution for members of the negro race, and white citizens of Spartanburg have been generous in their contributions toward maintenance of the project this year, officers of the Tuberculosis Association said Friday.

Spartanburg, S. C., Herald
August 19, 1933

CAMP FRIENDSHIP TO CLOSE TUESDAY

Contributions of Food and Money Sought; Doing Good Work

Camp Friendship, health center for under privileged negro children, operating under the auspices of the Spartanburg County Tuberculosis Association, will close its doors Tuesday due to lack of funds, Mrs. Frazier James, executive secretary of the association, announced yesterday. Twenty boys have been staying at the camp, which has been kept open two weeks on a four weeks schedule.

"We could run the camp nicely on $25 a week," Mrs. James said yesterday in appealing to the public for food and money to keep it open. "Appreciation for the work we are doing for the negro children is very marked, and we get 100 per cent cooperation from both children and parents. We have four workers in charge of the camp who gave their services without charge last week and are willing to do the same next week for such a worthy cause. Anybody wishing to make contributions to Camp Friendship can telephone 1157-W and arrangements will be made."

The tuberculosis association is six months behind in office rent, it was revealed yesterday, and no longer receives suppor from the relief administration. It no longer has any office help, or nurses, and the county relief agency due to a change in policy no longer pays for the staff at the camp. The association is three or four hundred dollars in debt, not including the rent, it was said, and what was left of the 1933 Christmas seal money was lost in a bank failure.

Mrs. James said that one of the negro boys at Camp Friendship gained six pounds in one week; five gained five pounds; six gained four pounds, and the remainder gained between two and three pounds each. She said that better results could be obtained if the camp were to remain open for the full four weeks.

Mrs. James will leave the city today for a brief vacation next week, and in her absence Mrs. G. B. Frey, health nurse. will be in charge.

Anderson, S. C., Independent
September 3, 1933

T. B. Worker for Negroes Gives Fine Report for Month.

For many years the Negro citizens of Anderson have been working to get a trained nurse for tubberculosis suffereres, and to assist in prevention of this plague, and now they have begun their work in earnest. At one time they had near $800, which was on deposit in the Peoples State Bank, when this was lost they felt that it would take years to work up again. However, with some aid from white friends, and the local T. B. association, with the seal sale they have enough to get a worker for a year anyway.

The State Health Board recommended M. R. Fordham as nurse. She has done good work in this state, in the school of Florence and had charge of community work among the Negroes there. Last year she worked in Maryland. She is a graduate of Claflin College, of Orangeburg, and begun her work here just a month ago.

CLINIC ROOM.

One of the first essentials in tuberculosis work is to find the cases, this is done by weekly clinics. The Negro doctors of Anderson have offered their services free for every Thursday afternoon, from 2:30 until 6 o'clock. And W. I. Peek, who is always interested in anything which will benefit his race, has offered a room back of his store, rent free.

This was a fine start. More, however, was needed. The room must be made comfortable and have necessary articles. This became known and the Anderson Furniture Company, Maxwell Bros. & McCullum Furniture Co., have contributed tables and chairs. Gallant-Beck store gave ten yards of sheeting, and Efird's Store four yards, while the Kress store has given twine, safety pins, plain pins and paper napkins. T. B. Williams contributed gas for country trips of the nurse. Raymond E. Cochran, president of the T. B. Association has also made personal contributions. This is just a start, and others will assist in this much needed work as soon as it is generally known that the clinic is functioning.

Mrs. Jane Rogers, field secretary of the T. B. association has taken this worker with her to clinics in Honea Path and Starr, and she has also assisted in the clinics on Tuesday afternoons. She has attended five public meetings and been introduced, and obtained help for five Negro families from the R. F. C.

This is the first report, after a month's work, of the field work among the Negroes. Read carefully:

Tuberculosis visits	30
Instructive and contact visits	30
Social Service visits	10
Business visits	
Visits to Drs. Office	3
Total number visits	61
Clinics held in office	2
Number examined	18
T. B. examined (old)	3
T. B. examined (new)	7
New suspects	5
Applications sent to State park	4

Respectfully submitted,
Nurse M. R. Fordham.

State Tuberculosis Clinic For Negro Physicians

Palmetto Leader 10-7-33

3rd Annual State Meeting in Interest of Fight Against a Great Enemy

TO BE HELD AT STATE PARK

Columbia

The third South Carolina Annual Tuberculosos Clinic for Colored physicians is to be held at Palmetto Building, State Sanatorium, State Park, S. C., October 12, from 11 A. M. to 4 P. M. Specialists on case finding and on the treatment of tuberculosis will address the group and lead in the discussion. One of the main features of the clinic will be an address by Dr. M. A. Thomas, Negro member of the staff of physicians, State Sanatorium, Alto, Georgia. A very pleasant feature will be annual luncheon to be served the physicians as guests of the South Carolina Sanatorium.

Over 30 doctors attended the clinic last October at which time the guest speaker was Dr. L. Otus Miller of Asheville. These clinics have become established as an annual feature of the services rendened by the South Carolina Tuberculosis Association. They are financed by the sale of Christmas seals.

Because tuberculosis takes the lives of so many Negroes in this State, the association plans to develop a keen interest in early diagnosis and case finding especially as relates to the childhood type of tuberculosis. That is one of the chief aims of this clinic. The clinic is jointly promoted by the Palmetto Medical Association, and the South Carolina Tuberculosis Dr. L. M. Daniels, Columbia, president Commitee, John P. Burgess, Orangeburg, Chairman, Mrs. Monteith Simpkins, Columbia. Field worker.

Charleston, S. C., News & Courier
October 15, 1933

225 HEAR HEALTH TALKS

Negro Teachers of County Attend Institute

With H. H. McCarley, Charleston county superintendent of education, George C. Rogers, acting superintendent of city schools, and F. W. Wamsley, supervisor of city negro schools, appearing on the program at the opening session, a health institute for the benefit of the negro teachers of Charleston county was held yesterday at the Burke Industrial school under the auspices of the Charleston County Tuberculosis Association. The expenses of the meeting were defrayed by funds from the negro seal sale of last year.

Addresses were made by Dr. Joseph I. Waring, clinician of the association; C. A. Weinheimer, principal of the James Simons school; M. Monteith Simkins, colored field worker of the state tuberculosis association; Miss Caroline Alston, county home demonstration agent, and a demonstration and lecture by Mrs. Maude D. Hubert, on lip-reading and the care of the ear.

The institute, being held for the third consecutive year, was largely attended, it being estimated that the attendance totalled more than 225 persons, of whom about a hundred were county teachers and another hundred city teachers. Also present were eleven teachers from the Avery Institute.

Also appearing on the program were, in the morning: S. R. Higgins, principal of Buist school: Dr. James T. Massey, and Miss Agnes Coogan, acting city epidemiologist.

Health motion pictures were shown at both sessions. Appearing on the afternoon program were Miss Rachael Mayo, field nurse of the tuberculosis association; Alice Hamilton, principal of Four Mile school; Miss Caroline Alston county home demonstration agent; and Mrs. Ashley Halsey, executive secretary of the tuberculosis association.

Health -1933

South Carolina

Orangeburg, S. C.
Democrat
Dec. 5-1933

NEGROES PLAN FIGHT ON T-B

County Organized To Help Combat Spread of Disease

South Carolina had 1159 reported deaths from tuberculosis in 1932. Since deaths from tuberculosis among Negroes in this State are over three times as many as among whites, at least 900 of these deaths occurred among Negroes. The number of estimated active cases of tuberculosis is nine times the number of deaths. Therefore in South Carolina we have at least 8100 active or open cases of this dread disease among Negroes—8100 colored people actually ill, infecting those in their own homes and in places where they visit or work. As a result, there may be an ever increasing number of contacts.

Since tuberculosis is infectious since the disease is no respecter of persons and knows no color line, and since the lives of all people of a community are interlaced into a composite whole by the air they breathe, by the water they drink, and the lands on which they live, the life and health condition of one individual has distinct bearing on that of another. Though the extremely sore spot in the tuberculosis problem is the high death rate among Negroes, the State faces a problem at which no rational-minded South Carolinian may wink.

Tuberculosis is more likely to develop where people are underfed, where they live in overcrowded conditions, or where they are poorly housed; where sanitary conditions are poor, and where knowledge of the importance of personal hygeine is limited. Then, every citizen of South Carolina, whether he be rich or poor, landlord or tenant, has a direct responsibility to himself, his family and his community in the remedying of conditions which make tuberculosis possible.

The South Carolina Tuberculosis Association through its Negro Committee, John P. Burgess, Orangeburg, chairman; M. Montelth Simkins, Columbia, field worker; is directing a campaign to teach more Negroes through an enlarged Christmas Seal sale and a concentrated health education program. The South Carolina Emergency Relief Administration has granted one or more Negro workers in each county to help the county seal sale chairman in a special school program. Many counties have selected these relief workers. The Negro Christmas seal chairman in this county is D. E. Daniels, Orangeburg, and the emergency relief worker is H. R. Kennerly, Orangeburg.

These persons are devoting a large part of their time to work in the Negro schools in an effort to impress the importance of good health habits and to explain the function of the Christmas seal. Persons desiring the services of these workers on special occasions in their schools or with other groups are urged to get in touch with them and thus promote community health.

Thus spake the Tubercle Bacillus (germ which causes tuberculosis): "Am I then destined to massacre man forever? As long as the mass of mankind is submerged in the depths of existence, I will continue to reap a rich harvest. While millions of human beings are overworked, undernourished and ill-housed, I shall slay one out of seven. The lords of creation thrust the others into the backalleys of life—and think they are rid of them. But I am the revenge that the slum takes of the West End. First I visit the rotting hovel, but later I enter the mansion with the marble pillars. The rich man's child romps with the well-fed dog in the park, where half an hour ago a tuberculosis employe passed and coughed and spat. I cling to the dog's hair and so I enter the rich man's home. His daughter drives to the ball in her limousine, but when she puts her slippered foot upon the sidewalk, I, who come from the mouth of a consumptive washerwoman, attach myself to the hem of the lady's silken robe. Thus I am promoted from the kitchen to the drawing room.

"Man could overcome me if there were more sunshine in houses and more sunshine in his heart. But I pass from one to the other, and see the greed and cruelty of man—the same today as in the days when he worshipped other gods—I think that for years to come I will bring the Great White Plague and whiten the earth with tombstones."

Could there be a more daring challenge to interest one in the promotion of better health conditions in his community? Since seals pay for the promotion of a program which educates, prevents and cures tuberculosis, should one need a second request to buy Christmas seals and thus fight tuberculosis?

Belton, S. C., News
December 28, 1933

COLORED HEALTH CONFERENCE AND CLINIC A GREAT SUCCESS

The Rosenwald School, believing that: "The first wealth is health," was the first colored school in the county to obtain scales that it might keep up with the weight of its pupils. An eye card was also secured for making tests of pupils so that advice might be given to them to see an oculist. The school is now making a study of the eating habits of its pupils and organizing clubs among the people of the community for the growing of vegetables the year round, and the canning of vegetables, the drying of vegetables and fruits so that these may be added to the diet, and health conserved.

In keeping with this forward looking and progressive policy, it is not strange that the first Conference and Demonstration on health should have been at the Rosenwald School, on Thursday, December 14, and followed by a clinic on Friday, December 15. In this conference and demonstration, county nurse Mary R. Fordham, took a live patient in bed on the platform and showed the large number present just how to make the bed, care for the hair, nose, mouth, sputum, give baths and meals if one had typhoid, malaria fever, pneumonia or tuberculosis. During this time she gave information concerning these diseases, how to avoid trem, and how to avoid spreading the germs among others in the house or neighborhood. It was simply one of the finest things ever done to get people to see how important it is to safeguard health and people everywhere in the county should consult Nurse Fordham on these important points. So great has been the response and the reaction of many who were not present that there is a persistent clamor that Nurse Fordham be brought back for another conference. It will be of great interest to know that she has promised to return and to show how to care for a baby. Announcement of the date will be given later. Many thanks are due the following merchants who furnished the bed, mattresses, bags, chairs, napkins and other accessories, and the friends of the school who furnished sheets, towels and other things in abundance. The firms were: Cox Furniture Company, King & Holland, Ben Franklin 5c & 10c Store and Frierson's Drug Store.

On Friday the clinic was under the direction of Dr. Grady Clinkscales assisted by Nurse Fordham, Mrs. Rogers and three other white women of Anderson. Above 70 were examined and many others are patiently waiting their turn at the next clinic.

COLUMBIA, S. C.
STATE

AUG 18 1933

Negroes and Hospitals.

To the Editor of The State:

As a colored citizen of Columbia I commend you for publshing the following statement which appeared in The State August 5, 1933, in an editorial entitled "The New Columbia Hospital":

"It is quite appropriate that in Columbia, where there are an exceptionally large number of self-respecting, morally and physically decent-living Negroes, there should be for them a hospital building of first quality and excellent equipment."

The fact that "there are an exceptionally large number of self-respecting, morally and physically decent-living Negroes" is not new to the colored citizens of our country. Blanket indictments branding the Negro as being "morally weak," "unclean," "lazy," etc., have been published in the press of the country time after time. Since the press helps to create public opinion, such statements have not been without effect on the minds of many readers.

But, when the best leadership of the South openly acknowledges that there are many good Negroes, even as there are good people in any race, it seems to establish a new milepost in racial good-will.

I am sure that the colored citizens of Columbia are in hearty accord with me in commending you on the stand that you have taken.

JOSEPH A. BAILEY,
Instructor in History, Arkansas State College.
2018 Marion Street, Columbia.

Tennessee

Health - 1933.

Knoxville, Tenn., Journal
Tuesday, March 7, 1933

GUILD STUDIES NEGROES' ILLS

Investigates Tuberculosis Conditions in City.

Dr. C. S. Guild, field secretary for the National Tuberculosis Association in its five-year program of study of tuberculosis among Negroes, arrived in Knoxville yesterday for his second visit. He is investigating local tuberculosis conditions among Negroes and steps to prevent and cure it. On his last visit Dr. Guild expressed himself as very much pleased with some of the work in that line done here. He will be in the city until the end of this week.

Tuberculosis mortality is much higher among Negroes than white persons, said Dr. Guild, although the explanation for this has not been definitely agreed on and is one of the things that the National Tuberculosis Association is attempting to determine in its five-year program.

Dr. Guild, a former Nova Scotian, during the past year has travelled over the entire United States studying all phases of this problem. He is in charge of the committee's research work.

Dr. M. F. Haygood, who was formerly health officer here, is now a member of the special committee for study of tubercular conditions in Negroes, said Dr. Guild. Dr. Haygood was previously in charge of the state tuberculosis control committee under the National Tuberculosis Association.

Memphis, Tenn., Scimitar
July 24, 1933

TYPHOID CLINICS FOR NEGROES STARTED

With the reopening of the 68 negro schools in the county today the County Board of Health started a series of free clinics to prevent typhoid among and children.

A number of cases of typhoid have been reported from various parts of the county.

County nurses and sanitary inspectors are visiting the homes of the children to inspect the water supply and try and prevent the spread of typhoid.

"Sanitation will stop all typhoid," Dr. W. P. Moore, county health officer, said. "'If the farmers will watch their water supply we can quickly stop all typhoid."

Knoxville, Tenn., Journal
August 8, 1933

SUDDEN DEATH TAKES NEGROES

Suicide and Heart Trouble Snuff Two Lives.

Suicide and heart disease suddenly snuffed out the lives of two Negroes early yesterday, bringing the violent and sudden death toll for Negroes to three for Sunday and Monday.

H. Lee Hall, 55, Negro, of No. 1439 West Fourth avenue, was found dead in the bathroom of his home at 9:30 a. m. yesterday with a bullet wound in his heart. Homicide Chief Day and Acting Coroner John Mynatt, after investigating decided Hall had shot himself. Bad health and unemployment were given as the causes.

Florence Dotson, 50, Negro, of No. 810 West Clinch avenue, was found dead in bed at her home early yesterday. Homicide Chief Day and City officers investigated. After a medical examination it was decided that she had died from heart disease.

Floyd Dunn, 16, Negro, of No. 1506 Rosedale avenue, was killed late Sunday when a car he was driving turned over at Clinch and Central avenues. The car belonged to Dunn's stepmother, Catherine Dunn, and was driven by Floyd. A Negro riding with Dunn was arrested on charges of drunkenness.

Memphis, Tenn., Scimitar
August 22, 1933

OAKVILLE NEGRO WING NEARING COMPLETION

The new negro wing at the Memphis and Shelby County Tuberculosis Hospital at Oakville is nearing completion, Dr. J. A. Price, superintendent, said today, and should be ready within the next few weeks.

Oakville is filled with about 240 patients now. There are more than 45 white patients on the waiting list.

Some of the patients are living in tents outside the buildings. These tents have been in use for eight months.

Nashville, Tenn. Banner
September 16, 1933

NO "SLEEPING SICKNESS" EPIDEMIC IN MISSISSIPPI

(Jackson Clarion-Ledger)

A Meridian hospital reports a Negro patient suffering from "sleeping sickness."

Dr. Willis Walley of State Charity Hospital in Jackson, several days ago reported that three Negro patients in that institution had recently died of a form of encephalitis differing from the legarthic type. This means that though these victims were suffering from the brain disease commonly called "sleeping sickness" they did not suffer the protracted stupor characteristic of other types of the disease.

Neither of these announcements should be alarming to Mississippians. Neither indicates any likelihood of any epidemic of "sleeping sickness" in the State.

These reported victims came to the hospitals from widely separated counties. Had they all come from the same county, the fact might be of alarming significance. As it is, they are isolated cases.

Chattanooga, Tenn. Times
October 21, 1933

COLORED CITIZENS ASKED TO REGISTER ALL BIRTHS

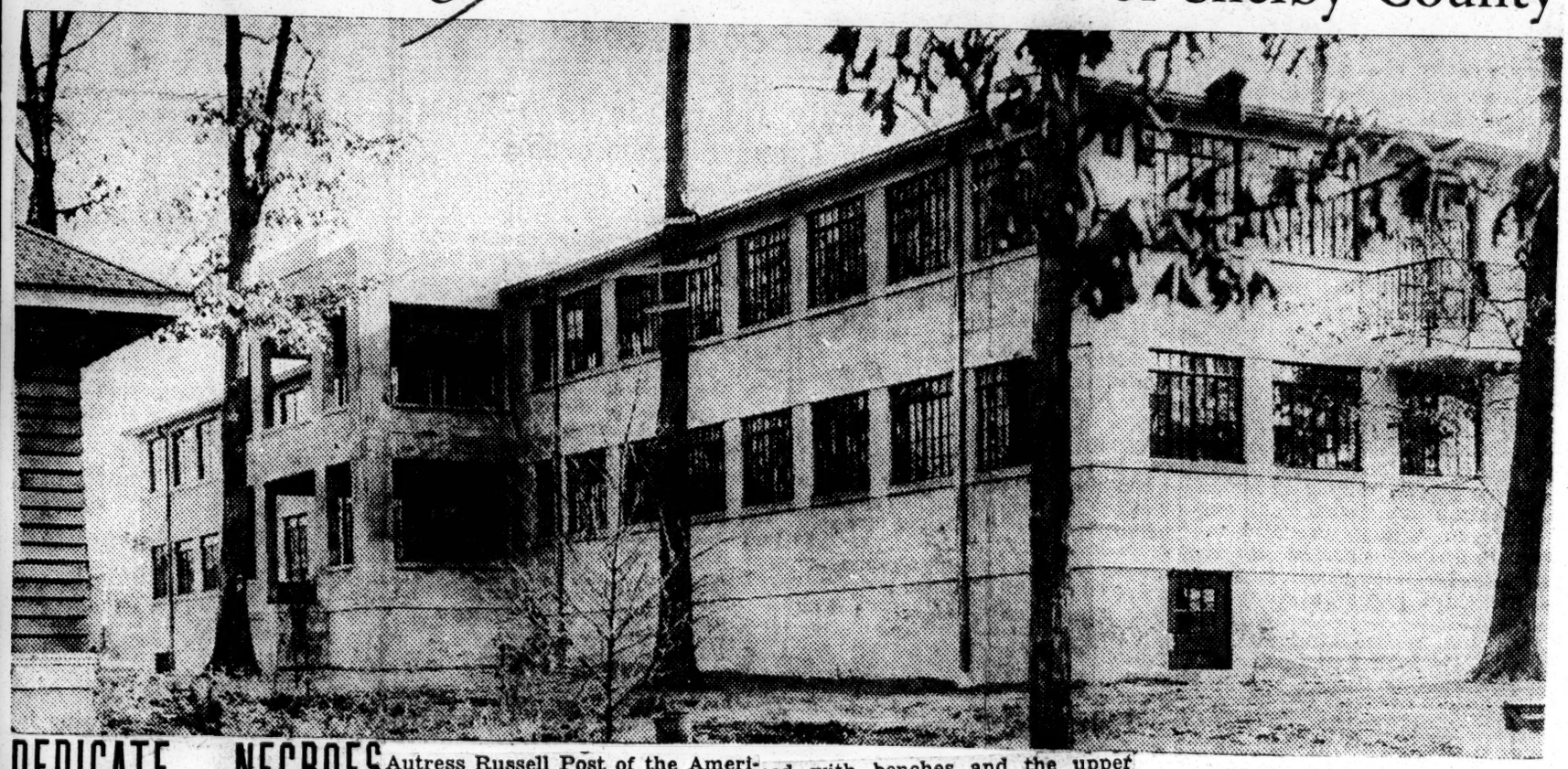
Tomorrow morning a letter will be read to the congregation in all colored churches from Mrs. Deems S. Riddle, registrar of vital statistics, asking that all births during the past year which have not been recorded be listed at once.

It has been found that the best medium for proper birth registration among colored citizens is through the churches. Due to negligence in filing birth certificates, requests for copies of certificates for various purposes are denied. While it is not the case in Tennessee, in some states a child cannot enter school without a birth certificate, neither can work permits, driver's license or other necessary papers be secured until age is proven. Also in asking aid of state, county or federal agencies, birth certificates of children have to be furnished. These and countless other reasons are given by Mrs. Riddle for the proper registration of births,

In the matter of securing birth certificates, the parents should request them of the doctor in attendance. If there was no doctor nor midwife, then the mother is privileged to sign the certificate and thus complete a perfectly legal record. She can call at the registrar in the courthouse, where she will receive assistance in making out the form. All mothers, doctors and midwives are asked to visit the office, where understanding and co-operation will be given.

Memphis, Tenn., Com'rcial Appeal
December 10, 1933

Building For Negro Tuberculosis Sufferers of Shelby County



DEDICATE NEGROES T. B. BUILDING TODAY

Ceremonies to Start at 3 O'Clock at Oakville

With a program of music and addresses, the Abe Goodman building for adult negro patients at Oakville Sanatorium will be dedicated this afternoon at 3 o'clock. The program has been arranged by a committee of negro leaders, with George W. Henderson as master of ceremonies. Mayor Overton will make the dedication address. He will be introduced by W. H. Foote, negro lawyer.

Dr. C. M. Roulhac will speak on "The Abe Goodman Building as Seen by the Physician." Rev. S. A. Owen will talk on "The Abe Goodman Building as Seen by the Clergy," and Prof. J. W. Bell will talk on "The Abe Goodman Building as Seen by the Citizen." Rev. E. M. Wright, pastor of Emanuel Episcopal Church, will give the invocation and the benediction will be by Rev. B. T. Hunt, principal of Booker T. Washington High School. There will be music by the Letter Carriers' Band and the drum and bugle corps of the Autress Russell Post of the American Legion.

Several hundred negroes will attend.

Opened Yesterday

The building, completed, equipped, furnished and ready for occupancy, was opened yesterday afternoon for inspection and was visited by officials of city and county and by members of the Oakville board. Abe Goodman, chairman of the board, and Dr. James A. Price, superintendent and medical director, took the visitors over the building.

Constructed of concrete and steel, the building is entirely fireproof. It is modern in every way. The building is for adult negro patients and will have a normal capacity of 75, although it is possible to take care of 100 if necessary.

There are two floors identical. One will be for men, the other for women. At the back are the diet kitchens and dining rooms for patients who are not confined to their beds.

In the larger wards there are eight beds with a locker for each patient and a table shelf by each bed. For every ward there is a lavatory and bathroom. There are smaller wards with three beds each. On each floor there are eight single rooms for patients who are very ill.

By a system of light the nurses know exactly what ward or room desires attention. The nurses' desks and record files are in the center of the building to expedite service.

Porches on both floors are equipped with benches and the upper porch will be equipped for convalescent patients.

Goodman Honored

In the entrance hall is a table telling why the building is named for Mr. Goodman. It says: "The Abe Goodman Building. In appreciation of the energy and loyal service which made this structure a reality."

By using day labor and making use of RFC workers the cost of construction of the new building was held down to around $37,000. This includes the equipment and furniture. The cost is about half that of a similar building for white patients erected several years ago.

Insulating material in the roof makes the temperature of the top story as cool in summer and warm in winter as that of the ground floor. Copper is used for plumbing, for gutters and drain pipes. All door and window casings are metal. So are the outside doors. Concrete floors are painted a battleship gray and walls in deep cream and a golden tan.

The Oakville Sanatorium is maintained jointly by the City of Memphis and Shelby County. Its board includes the following: Mr. Goodman, chairman; Walter Ford, secretary; Dr. Henry G. Rudner and W. I. Moody.

Health-1933

Texas.

ORGANIZED MEDICAL CLINICS

Informer 3-4-33 Houston Texas

More and more thought is being given to the idea that physicians should be employed primarily to keep people well, and not merely to try to get them well after they get sick. In the opinion of The Informer and Freeman, Negroes might very profitably begin to give some consideration to the whole question of providing medical, dental and hospital care and medicines for themselves and families. It is a problem not alone for laymen, but also for physicians, dentists, druggists and hospitals.

As the matter stands now Negro physicians, dentists, druggists and hospitals have difficulty in carrying on as they should; while at the same time the 70,000 Negroes of Houston are far below proper standards of health, and sickness becomes a very heavy strain upon those upon whom it falls. What can be done?

If the amount of money being spent now each week and month for sick and accident insurance by the 70,000 Negroes of Houston could be pooled into a fund to hire at good salaries all of the Negro physicians, dentists, and druggists in this city to give their full time to keeping the Negro population well, and caring for those who get sick, there would be plenty of money to pay not only the salaries of the medical profession, but for medicines and hospitals besides.

Of course, the realization of any such dream as this is far, far away. But, in this time of depression and suffering, when sickness and accident are such a burden to Negroes, and when the Negro medical fraternity is hit so hard, also, it won't do any harm to mention it. Maybe somebody will start to thinking.

TEXAS LEADS IN PUBLIC HEALTH SERVICE AWARD

Informer 3-25-33

Austin.—The Texas Tuberculosis Association is pleased to join the United States Public Health Service in awarding sixty-two "Certificates of Merit" to the Volunteer Health Leagues of Texas for excellent reports during the 1933 National Negro Health Week. The Texas Volunteer Health Leagues have sent in more reports and received more awards than any other state in the union, according to an announcement by the committee on national awards.

In an interview with F. Rivers Barnwell, who directs the health work among Negroes in Texas, he states that the annual Negro Health Week has done more to stimulate health interest among Negroes than any other health movement in the last two decades. In 1931 Texas was awarded 28 certificates with only two in class A, and in 1932, 33 awards with 6 in class A, while in 1933 there were 64 awards with 15 in a class A. Class A represents a grade of 90 to 100.

When a class A certificate is won three years in succession it is followed by a permanent award and Ft. Worth Volunteer Health League is the winner this year, the only city in Texas to be so honored.

The awards are: Class A, Brazos County, Burleson County, Dallas County, Beaumont, Brownwood, Columbus, Dallas, Fort Worth, Waco, Galveston, Houston, Port Arthur, Prairie View, San Antonio and Wichita Falls. Class B: Wharton County, Milam County, Travis County, Victoria County, Austin, Clarksville, Conroe, Harlingen, Huntsville, Sour Lake, Temple and Victoria. Class C: Bay City, Bartlett, Big Spring, Chenango, Clay, Denison, El Paso, Ennis, Fostoria, Goose Creek, Grandview, Hallettsville, Hawkins, Hillsboro, Itasca, Jacksonville, Liberty, Littlefield, Luling, Marlin, Marshall, McKinney, Mexia, Mineola, Navasota, Palestine, Queen City, Rockdale, Round Rock, Santa Anna, Seguin, Sherman, Shiro, Terrell, Tyler Westhoff and Allen.

Three silver cup trophies were awarded by Texas Tuberculosis Association to the following Volunteer Health Leagues: For cities above 100,000 population, first prize, Ft. Worth. For cities under 100,000 population, first prize, Beaumont; for rural community county-wide, first prize, Burleson County. The cups were donated by the Texas Commission on Interracial Cooperation.

The Volunteer Health Leagues and others interested in promoting this type of health work will assist in the sale of tuberculosis Christmas seals, which pay the bills of the health week campaign and year-round health service among Negroes.

Health Of Negro Children Is Aided By 'New Deal' Centers

Informer 2-18-33 Houston Texas

PHYSICIANS AND NURSES GIVE THEIR SERVICES WITHOUT PAY

By LILLIAN JOHNSON

Houston.—One of the newest, but most beneficial projects ever to touch Negro life in Houston is to be found in the nutrition centers, operated and supported by federal funds as a part of the "New Deal," for the benefit of colored infants, babies and children of pre-school age.

These clinics are operated three days per week, Monday, Wednesday and Friday mornings, of each week, from 9 to 11 o'clock, and are located in Houston Negro Hospital, Bethlehem Center, and Gregg Street Presbyterian Church.

The chief purpose of the movement is to provide the proper food and nourishment for small children, whose parents are unable to properly provide for them otherwise. The commissary, under the direction of the Harris County Board of Welfare and Employment, provides for the unemployed and others who are unable to provide for themselves, but of necessity, its supply is limited, and this means that until the beginning of the nutrition centers, the baby in the home furnished with food from the commissary, was not provided for. Thus, it can be seen that the nutrition centers, in a way, supplement the commissary, providing special food for babies and children only.

The children are taken to the centers by their parents, where they are registered by graduate nurses, and a card is made out for each one, giving the child's name, age, height, weight, and the type of food prescribed. The food is then given to the grown person bringing the child with instructions on how to prepare and feed it. The child is brought back to the center from time to time, as the nurse indicates, and each time, the gain in weight and height is registered. No medicine is prescribed at all, but individual cases are provided different types of food. For instance, malnourished children would necessarily have to be fed differently and oftener than a normal child, who is being brought to the center merely for the purpose of being kept in good health.

The results gained from the centers are manifold and border on amazing. For instance, one child when brought to the clinic about two months ago, was so thin as to draw the pity of the other mothers in the clinic. Even the nurses in charge despaired of saving the child's life. However, after two months of supervised feeding, the youngster is happy and lusty and might well take a prize in a perfect baby show.

One of the most beautiful things about the whole project is the interest that is being manifesed in it, both by those who gain no direct benefits as well as the mothers of the children cared for. The centers were established 6 months ago and later was placed under the Social Service Bureau. The funds with which this service is provided represent a part of the R. F. C. funds. Many white people have been directly responsible for putting the centers on foot, and several white physicians have been particularly interested, donating their service and time to the cause of better colored babies. The colored physicians donate their time and services gratis, examining and prescribing food, and colored volunteer nurses are in charge of instruction, and give lecture courses.

Some of the foods most commonly prescribed include milk, cod liver oil, tomato juice, cereals and vegetable soups.

Mothers who are not in position to get the things necessary to put their babies back on the road to good health, and mothers who fear that in their present circumstances, they will not be able to keep their babies on the good health road are particularly invited to attend these centers and bring their pre-school age children with them.

Health - 1933

Virginia,

Negro Health Week

The week April 2 to April 9 are the dates set for the nineteenth observance of National Negro Health Week. The committee sponsoring the observance is composed of some of the most eminent Negroes in America, and it has planned a comprehensive program for the week which if followed by every Negro community will make great strides in reducing the mortality and morbidity rates among Negroes. The movement is deserving of the cooperation and support of the Negroes of this city for it is inspired by a solicitude for their well being, happiness and prosperity. The thought and labor expended in launching a movement so vital, far-reaching and beneficial should be appreciated.

The Drive For Better Health

THOSE who are responsible for the movement to build and conduct a tuberculosis sanatorium for the five Tidewater counties which composed the old Second Congressional District adopted a name that would give the institution the form of a memorial to those who gave their lives, or who participated in the World War. The proposed sanatorium accordingly bears the name "Victory Memorial." It is a fitting title, commemorative of a great cause and dedicated to a still greater cause, if continuing warfare against disease and poverty and all the by-products of them is a surpassingly great cause.

The people need to be educated concerning the dangers presented in the ravages of tuberculosis.

DOCTORS' HELPERS HOLD MEETING

Hampton, Institute, Hampton, Va., Sept. 5—The recent Doctors' Helpers Institute, which was held at Hampton Institute under the auspices of the Virginia Department of Health, in cooperation with the School of Nursing of Hampton Institute, of which Miss Nina D. Gage is the director, brought together a representative group of women who are interested in the promotion of prenatal work in the following counties of Virginia: Elizabeth City, Gloucester, Isle of Wight, James City, Middlesex, Nansemond, Norfolk, and Princess Anne.

Mrs. Emily W. Bennett, R. N., supervisor of Mdiwife Education for the State Department of Health was in active charge of this institute and gave a series of talks and demonstrations covering the following major subjects: Prenatal Care, General Nursing Care; Preparation for Confinement, Accident and Complications of Pregnancy; Keeping Records; Preparation for Labor, Immediate Care of the Baby.

There were demonstrations on Bed making, Newspaper pads, perineal pads, bed bath, practice in bed making, administration of medicines, baby's bath, mother's kit.

Dr. H. D. Howe, school physician of Hampton Institute, Dr. B. B. Bagby, director of the Bureau of Child Health, Virginia State Department of health, and H. W. Ridgway of the Hampton Institute school of agriculture staff, assisted during the Doctors' Helpers Institute.